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The Journal of Sociologic Medicine

Continuing the Bulletin of the
American Academy of Medicine

FEBRUARY, 1915

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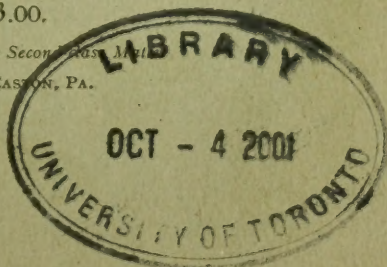
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The Journal OF Sociologic Medicine

Continuing the Bulletin of the American Academy of Medicine

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No. I

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LEADING ARTICLE.

THE EXPANSE OF SOCIOLOGIC MEDICINE.

This is the first number under the changed name and it is fitting to make use of the occasion in a brief reconnaissance, that we may the better understand the pretensions of the name.

The New Standard Dictionary defines sociology as "the science that treats of the origin and history of society and social phenomena, the progress of civilization, and the laws controlling human intercourse; the philosophical study of society."

Ordinarily so clear a concept is furnished by the use of the word medicine that no attempt to define it in this connection is necessary.

It must be stated that sociologic medicine is medicine itself and not a branch of medicine, as, *e. g.*, ophthalmology or physiology. Thus, the ophthalmologist will study the various forms of ametropia for the purpose of correcting the evil; the medical sociologist will make use of the same investigation but to determine its effect upon inefficiency in school life or industrial life; and the problems of food values which interest the physiologist are of equal interest to the medical sociologist as a cause of backwardness in school children. Hence, it cannot be treated as a branch of medicine. It investigates every phase of every problem in medicine to see its effect upon the "social phenomena."

Disregarding the historic investigation, any cycle of society be-

gins with the birth rate of the age. Sociologic medicine takes cognizance of these beginnings in the problems of eugenics and in a propaganda for better parenthood.

Starting thus at the beginning, it concerns itself with the many problems of infant life, imprest that euthenics are of equal importance and it concerns itself not only in the prevention of infant mortality but goes further and seeks to promote infant vigor.

The problems of euthenics do not cease with the first two or three years of life, but continue with greater complexity thru the formative stage of each individual.

The subject of efficiency of childhood furnishes many medical problems; efficiency rather than conservation; an effort to improve rather than to preserve merely. There are the problems of nutrition, to which allusion has already been made; the effect of confinement on school life necessitating the investigation of recreation for the proper development of the child; the blighting effect of child labor and the necessity for its regulation; all are problems of interest to sociologic medicine.

Proceeding from the period of preparation to that of adolescence and the entering in upon the industrial life of the individual, we find many subjects, medical in character, that profoundly affect the welfare of the community. Not only the effects resulting from yielding to the temptations of adolescence and the fearful blight upon society, greater perhaps than any other one cause, but also the conditions pervading the industrial world, such as hours of labor, unhealthful conditions of workshops and factories, the effect of insufficient wages and questions of similar nature, all more or less affect the stamina of the group and are medical in their nature. Doubtless the medical sociologist can find questions of interest in each of the "seven ages of man" and the problems of geriatrics may yield many subjects for his quest.

The subjects mentioned all pertain to normal conditions and normal persons but the questions of sociologic medicine do not stop with these. There are the defectives—the blind, the deaf, the crippled—all having their effect upon society and involve

medical questions. The backward child, the mentally insufficient and the mentally alienated, each in turn furnish a class of medical questions to be investigated by the sociologist. The asocial types—the delinquent—are there any physical reasons why this type is as it is? And that other class, the dependents, are there only economic reasons why there are such? Or do physical handicaps aid in their descent? Even this enumeration does not include all the opportunities for the study of medicine from the social side. In this country the care of the immigrant offers many questions, physical in nature apart from pure philanthropy or good government.

Are these questions to be discust by the physician merely or can there be benefit derived from the co-operativ study of physicians and others interested in the same problem? Since now we have biologists, physiologists and chemists who are not physicians upon the faculties of our medical schools and many of our best sanitarians do not possess the doctor of medicine degree, analogy shows that in the study of these subjects from the social standpoint, the expert in any particular division should be consulted, whether physician or not.

It is surprising how the entire field, vast as it is, becomes unified as one meditates upon the subject. So while an intensiv study of each division is necessary for the greatest results in that division, there is need for the broader view and safer counselings by bringing various subjects together in a single publication like the JOURNAL and discussing them as at the meetings of the Academy.

CHARLES MCINTIRE.

RIGIDITY OF THE CURRICULUM AN OBSTACLE TO THE PROGRESS OF MEDICAL EDUCATION.

BY CHARLES McINTIRE, A.M., M.D., Easton, Penna.¹

At the meeting of the American Academy of Medicine for 1893, I presented a paper entitled: "Medical Education in the United States; from Chaos towards Cosmos." At that time the wildest dream of the most imaginativ would never have dared to assert that in a score of years the requirements for licensure to practise in more than one state would be more rigorous, academically, than the then formulated standard for admission to this Academy. We all rejoice in the fact that when once the professional conscience was awakened, it put on seven-league boots in its flight from the land of Chaos. It is not surprising, if one reviews this rapid progress, to find imperfections and that which had been planned for conservation becoming a stumbling-block rather than a stepping stone. Indeed, the journey has been deflected; it is no longer toward Cosmos but directed to crystallization. Cosmos is the orderly array of the forces of nature wherein unlimited flexibility is permitted to the individual while preserving perfect harmony and precise identity to the whole. What is formal, precise and restrictiv tends to mathematic forms—to crystals, whose only variations are those of magnitude or of imperfections.

The present thesis is: "The rigid curriculum, whether that demanded by state medical practice act, or formulated by the Council on Education of the American Medical Association, or by the Association of American Medical Colleges, or any other organization, is an obstacle to the progress of medical education."

Before attempting to defend this statement, I wish to say that the suggestion for preparing this paper came from two papers presented at the February Conferences for the present year. One by President Lowell, of Harvard, read before the Conference of the Council on Medical Education, entitled: "The Danger

¹ Read at the 39th Annual Meeting of the American Academy of Medicine, Atlantic City, N. J., June 19, 1914.

to the Maintenance of High Standards from Excessiv Formalism."¹ The other by the present President of the Academy, which was presented to the Confederation of State Medical Boards and was entitled: "Should Not the Federation of State Medical Boards of the United States Adopt a Uniform Minimum Curriculum for Medical Schools?"²

If unconscious cerebation causes me to make use of the arguments from either of these papers, I hope that this statement will be accepted as fitting acknowledgment.

I. THE FACT OF A RIGID CURRICULUM.

Little time need be taken to demonstrate the existence of a rigid curriculum. Possibly most present would accept it with the stating. Thus, the medical practice act of North Dakota requires:

All applicants * * * must * * * present evidence * * * of having graduated from a reputable medical college and having attended in such college or colleges the lectures of no less than four college years of at least eight months each, and must give evidence * * * of a preliminary education which would be necessary to admit said student to the junior or third year of the University of North Dakota or some equally reputable American college or university.

The constitution of the Association of American Medical Colleges provides:³

The entire course of four years shall consist of at least 4000 hours for each student and shall be grouped in divisions and subdivisions into subjects, each division and subject to be allotted the number of hours as shown in the following schedule:

The schedule that follows is particular and fixt. I quote the first division as an illustration:

DIVISION I, ANATOMY, 720 HOURS (18 PER CENT.).

	Total hours.	Lecture, recitation or demonstration.	Labora- tory work.
(a) Gross anatomy (including applied anatomy).....	510	120	390
(b) Histologic and microscopic anatomy...	135	30	105
(c) Embryology.....	75	30	45

¹ *Journal American Medical Association*, March 14, 1914, pp. 823.

² *Quarterly of the Federation of State Medical Boards*, 1, pp. 199.

³ *Transactions*, 1911, pp. 86.

It should be noted that an appearance of flexibility is given by the following provisions:

Colleges may reduce the number of hours in any subject not more than 20 per cent., provided that the total number of hours in a division is not reduced. Where the teaching conditions in a college are best subserved, the subject may be, for teaching purposes, transferred from one division to another. When didactic and laboratory hours are specified in any subject laboratory hours may be substituted for didactic hours.

While the requirements for admission are no less fixt as reference to the *Transactions* for 1913 (page 67) will show. I quote only a portion. There is required for admission (upon the high school requirement):

A diploma and transcript of record from a fully accredited high school, normal school or academy requiring for admission evidence of a standard course in primary and intermediate grades, and for graduation, the completion of a standard four-year high school course, embracing two years (2 units) of mathematics, two years (2 units) of English, two years (2 units) of one foreign language, one year (1 unit) of American history and civics, and seven years (7 units) of further credit in language, literature, history or science, making the total of units at least fourteen; and in addition, one year each of physics, chemistry and biology of college grade of each not less than six semester hours.

Other regulations could be cited but these suffice to show the existence of a rigid curriculum.

II. WHAT ARE SOME OF THE CAUSES LEADING TO THE ADOPTION OF SO PARTICULARIZED A STATEMENT FOR THE COURSE OF STUDY?

One very obvious cause is the contact with the public school authorities and adopting their methods; another was the laudable effort to make men honorable by law, and I opine that the causes are but one. Soon after the awakening of the public conscience to the low standard or lack of standard in medical education there was an immediate response on the part of medical schools by publishing in the catalogs requirements meeting every demand. With many the only change made was that made by the type; with most the catalog statements were profetic rather than descriptiv of actual conditions. To correct this abuse of the imagination, rigid, undeviating requirements were formulated,

which have been successful to a degree but at a tremendous cost. It becomes necessary for the medical schools to acquaint themselves with the requirements of each state and train their students to meet state requirements as the prime motiv for their instruction. That the effort has not entirely removed the condition it was undertaken to remove is shown by a recent article in the *Journal of the American Medical Association* regarding a medical school in the Middle West. I am of the opinion that other schools are as lenient in the interpretation of the requirements as may be possible without actually transgressing the letter of the law. Like all legislation of this character, the burden is heaviest on the law abiding, while those who made the legislation desirable find loop-holes. And the rareness of the holes only makes the law more rigorous for the innocent.

III. HOW DOES THIS RIGIDITY HAMPER MEDICAL EDUCATION?

1. It violates the natural law of growth. In all the higher types of life at least, there is a conformity to type but not a uniformity of individuals. Man is no exception to this and mental equipment varies. This condition affects:

(a) The Faculty, so that the trend of one school, if unhampered, would be toward research, of another, toward sanitation and the public services; a third would be composed of those whose desire is accomplished in fitting men as all-round family medical advisers. Such specializing on the part of medical schools would make medical research more intensive and advance medical education.

It affects:

(b) The Student. By reason of mental attitude, or of peculiar conditions, all students do not require the same amount of time for any designated study. Thus a lad may have been living in a family where German was spoken and had acquired a fluent use of the language. As now formulated this would not be accepted as an entrance requirement, while another having a smattering of the language from his two units of study, is accepted. Pardon the personal illustration. Altho my degree was obtained in the old days of Chaos, it gives the proposition in a concrete

form. It so happened that before entering the University I had much more chemistry than would have been required even at the present. This would avail not a bit, the hours must be given to it when they could be used to better purpose elsewhere. So, in the development of the medical student, a rigid curriculum is an obstacle.

In order to prevent a misunderstanding of my contention, permit me to say that I am not pleading for less rigorous requirements, nor for courses fitting the student only to attempt to practise a part of medicine, but for more freedom to the professor and the pupil that the product may be a growth and not a form cast in a rigid mold.

2. This rigidity of curriculum magnifies the scaffolding to the detriment of the structure; it thinks more of the process than of the product. While this paper was evolving, I had a conversation with the president of one of our more prominent smaller colleges concerning his daughter. This young lady has the laudable ambition of becoming a medical missionary. The father was telling me of the difficulty of electing her college course to meet the requirements of her university (medical) course. Both are so rigid that an excess of the subjects required must be taken to the exclusion of certain studies necessary to the education of the young lady. To quote President X, "A—— would get her degree but not an education."

While it may not be a direct obstacle to medical education this undue stress upon the curriculum may work hardship to many a worthy individual since it requires the way to acquire, and disregards the actual acquirement itself.

3. This rigidity of curriculum prevents the readjustments made desirable by the progress of medical science, or the broadening of medical practise. Thus, demands are constantly making for the introduction of new subjects for the student of medicine and the importance of some of the former subjects has diminished. Psychology and materia medica are examples of each class. These demands would be met with comparative ease were it not for the rigidity of the curriculum which again becomes an obstacle to progress.

This rigid curriculum was devised to penalize the dishonorable medical school and the results have been meager. The advancement made, the progress in medical education and the elevation of the standard have been accomplished by the efforts of the honorable backt by public opinion, and would have come apart from rigid requirements. The suspension of so many of the weaker schools has resulted more from the changed conditions than the legal requirements. If it had a purpose that purpose has been accomplished, it is no longer needed. Since the Carnegie Foundation blazed the way and made public the conditions well known but spoken of with bated breath, publicity can be depended upon to make or mar a medical school. Let an independent body, *e. g.*, the Association of American Universities, draft a scheme providing (I) the knowledge to be acquired before entering upon the study of medicine, and (II) the fundamental knowledge necessary to seek to practise medicine. Upon these minima let each medical school build its course. As a prevention of fraud, let the Council of Medical Education of the American Medical Association continue its periodic investigation, publishing its findings fearlessly, and the shackle to medical progress will be broken, without abating the present educational qualifications, but rather improving them.

DISCUSSION.

Dr. N. P. Colwell, Secretary of the Council on Medical Education, American Medical Association:

The most encouraging point regarding Dr. McIntire's paper, and the paper of President Lowell, to which reference was made, is the very fact that they have been written. If the standardization of medical education has reached the stage where it becomes necessary to call a halt or to urge more flexibility of standards, then indeed we have abundant cause for congratulation. Only a few brief years ago the chief burden of all papers on medical education was for better laws, higher standards and a better enforcement of those standards.

Since in this country we are now in the active stage where standards are being formulated, the plea of President Lowell and of Dr. McIntire for flexibility of standards is very important and timely. With the stand taken by these papers, furthermore, I am sure that those having to do with the formulation of standards are in entire sympathy. With the implication that the

standards thus far set forth by the Council on Medical Education have been so inflexible as to work a hardship on high-grade medical schools or on any well qualified or deserving student, I personally do not agree. From knowledge, I can state that from the beginning the members of the Council on Medical Education have been avowedly opposed to rigid or inflexible standards. The setting forth of minutely detailed standards has been purposely avoided, or if such details were given, a specific statement was made that the standard was suggestiv and not intended as a fixt requirement. Perhaps the most detailed standard formulated by the Council was the report of the Committee of One Hundred on Medical Curriculum, and lest some one might take it as a rigid law a special resolution was adopted that it be suggestiv only. Furthermore, during the last several years, the influence of the Council has been repeatedly, and often effectively, exerted to prevent the adoption of excessiv or over-rigid standards by a number of state licensing boards. Instead of becoming more unreasonable or over-rigid, therefore, the requirements by state licensing boards, even with the advances made in preliminary standards, are more uniformly fair than they were eight or ten years ago.

Although flexibility of educational standards under certain conditions is very desirable, it must be stated that for some medical schools which have existed or still exist, the enforcement of definit and fixt standards has been absolutely essential. The plea for flexible standards is all very well for high-grade, ethical institutions, such as those with which President Lowell and Dr. McIntire are doubtless best acquainted. I cannot believe, however, these gentlemen can have any real conception of the gross commercialism which heretofore has existed in medical education, or of the looseness, the make-shifts, the evasion of all reasonable standards and even the out-and-out fraudulent methods employed by some so-called medical colleges in their efforts to attract and enrol large numbers of students. I am sure that if they had a full knowledge of the crookedness repeatedly unearthed in the investigations of the Council on Medical Education, they would agree that a statement that "rigid and inflexible measures should be enforced" would be altogether too mild an expression.

Until such time, therefore, when all medical schools have developed an educational conscience and are being conducted along conscientious lines—until that time will it be necessary to have a certain definit and fixt standard. This standard should represent an *absolute minimum*. Nowhere else is a fixt standard justifiable, and in only one place has the Council on Medical Education adopted or advocated a fixed standard; *i. e.*, in its minimum standard or preliminary education. That standard is a four-year course in some accredited high school, or its actual educational equivalent, and in addition *at least* one year of work including college courses in physics, chemistry and biology. A reading knowledge of German or French is strongly urged. For the sciences named, after a very careful investigation including conferences with recognized educational experts, a schedule of minimum

hours to be required in each, was adopted. Few of the better colleges are affected by such "inflexibility" as may be found in that standard, however, since their requirements are far above that minimum. The medical college which in its requirements gets away from and above the minimum boundary line does not have to walk in as "straight and narrow" a path as the one which hugs closely to that line.

In this discussion, it must be remembered, that this side of the millenium, standards in education are as essential as laws regulating human conduct. As Dr. McIntire has intimated, laws and rules are the result of, and intended to correct certain abuses, or certain infringements on the rights of others. They are directed, therefore, toward those who would prefer to do what those laws forbid and not toward those who are doing the right from conscientious motives. It is no more possible, let alone desirable, for two medical colleges to be exactly alike in all minute details than it is for two persons to be exactly alike in all minute respects and characteristics. As all persons have in general a similar bodily structure, however, so all medical schools by common consent must be generally similar, if they are to furnish their students with an all-round medical training. Laws, or rules, therefore, should relate to the matters common to all persons, or all medical colleges, leaving as wide a latitude as possible to the individual for the detailed matters which are not common. Perhaps no rule or law was ever written by human hands which was so perfect that the intent or spirit of it could be fulfilled by a literal interpretation. Not only should laws and standards provide for the widest possible liberty for the individual, but it is even more desirable that the laws or standards be *administered* in a common sense manner with the spirit in view so far as possible rather than the latter.

Standards and laws in education should be as guide-posts pointing the way thru the amazing wilderness of knowledge even as sign-posts are placed to direct the traveler thru a forest. As certain courses in education are persued by large numbers of students those courses become more markt and more generally recognized as standards even as paths or roadways thru a forest become more distinct as larger numbers of people travel along them. Standards like roadways, therefore, are intended to meet the needs of the larger numbers of people. Occasionally the individual is affected by standards if he wanders too far away from the beaten paths of education. In such instances, however, it is not fair to blame the standards, any more than it would be to blame a roadway, or path thru the forest, because some individual wanders too far away from it and gets lost. It is up to those administering standards to bring the individual affected back to the desired educational roadway and no one can be blamed for the accidental circumstances by which his time may have been lost.

It is hard to believe that there is much danger in this country from seriously fixt or inflexible standards in education, chiefly because the formulation of those standards rests so much on voluntary natural organizations rather

than in the national government. In individual states where the legal power rests occasionally, perhaps, unfair, excessive or rigid standards may be adopted but they are bound to be corrected sooner or later by the standards adopted in the majority of other states and by the power of publicity and public opinion. If one looks to individual occasions in politics he is perhaps inclined to tremble for the future of the democratic form of government. A prolonged view of the entire field, however, proves more than ever that this is a strong national government and that here individual liberty is best observed. What is true in general political conditions is also true in education. In some instances educational conditions are deplorable. Again in the efforts to correct these conditions, a few persons may be affected. Take the country as a whole, however, and one is impressed with the rapid and marked advancement both in the standards adopted and in the fairness with which these standards are administered. Nevertheless, as already stated, such papers as this by Dr. McIntire are timely and important as warnings to those having to do with the formulation of standards.

Dr. H. D. Arnold, Boston:

Dr. Colwell has expressed his appreciation of the timeliness of Dr. McIntire's paper, from the point of view of the standards of the Council on Education of the American Medical Association. As a representative of the Committee which drew up the curriculum adopted by the Association of American Medical Colleges, also cited by Dr. McIntire, I wish to speak in the same spirit of the timeliness of this paper. It is a good thing to have criticisms of this sort from those who are not obliged to deal with either the students or the schools that are trying to establish standards. They look at the matter from a little different angle.

Both the Council and this Committee on Curriculum had in mind the disadvantage of rigidity to which Dr. McIntire has alluded, yet at the time there was such wide variation in the course of study in various schools that it was necessary to emphasize the need of greater uniformity. It was necessary to make the curriculum rather more rigid than the ideal which the Committee had in mind. These things look a good deal more rigid on paper than they do in the minds of the people establishing them.

There are one or two points that I would like to emphasize on the other side, as a result of the investigation which our Committee carried on between four and five years ago. I hope that the medical schools have come much nearer to uniformity than was the case at that time, but I doubt if they have attained such uniformity that it is not still of value to have pretty definite standards set up.

Our Committee asked for statistics from the 80 best medical schools as to the number of hours given to different subjects. We received replies from something over 60. Two of the best medical schools were left out of our calculations because they had so many hours assigned for exercises that they

could not fairly be taken into account in determining the standard of education prevailing in the better medical schools. An excessive number of hours in the curriculum is one of the evils to be guarded against.

The other point is the need of balance in the curriculum. Those of you who are connected with medical schools know very well that our instruction in different departments has grown up helter skelter; that the instructor much interested in his subject, if he has influence with the faculty, has gotten hours assigned to his subject irrespective of what that subject deserves in a well rounded medical education. Irregularities of this sort are largely eliminated by gathering statistics from a large number of schools. The average of our statistics gave a composite picture of about sixty of the best medical schools, and represented the consensus of opinion of the medical educators of the country. The Committee also discuss the question and tried to get the right proportion for the different subjects. We tried also to get a certain amount of flexibility by allowing a difference of 20 per cent., one-fifth of the time in any one subject.

I hope the condition has come about that a rigid curriculum for the better medical schools is no longer necessary; but I would emphasize also the other side: that there has been a very wide variation in the past and that there is danger that the medical student may get a one-sided education instead of a well-rounded education in the fundamentals of medicine.

Dr. Thomas D. Davis, Pittsburgh:

This is an exceedingly important subject. The standard should not be a matter of hours or years, but should be what the student knows, not how long he has been studying, or how long it takes him to acquire proficiency. The schools require a certain number of hours that the student must attend, rather than giving us a higher standard of what the student shall know. Just as Dr. McIntire stated, there are some minds that will acquire knowledge very much more rapidly than others. There are some students who have had preliminary preparation by which they can more readily acquire knowledge, yet that is not taken into account; they must go the full four years, even if they can complete the curriculum in three. Those of us familiar with the advance of medical education, for which this organization stands, will remember the long fight that we had getting State Boards. In Pennsylvania, not a medical college helped us. Afterward the colleges, seeing the pecuniary advantages to themselves in a four years' course, came in and seemed to force the State Medical Examining Boards to require a definite time of study, rather than a definite amount of knowledge. Hence, they now require four years in a medical college, double the old time, but as far as I can see, receive no more knowledge. It seems to me that if examining boards are of any real value they should tell us what the student knows and whether he is fit to practise medicine. The standard should be what he knows. That is the standard in other countries. The men are examined to find out how well

qualified they are and not to ascertain how many years they have spent in becoming qualified.

Dr. Edward Jackson, Denver:

There are certain things that make for undue rigidity in standards. One of the most important is the giving hours, or units in representing hours, as a standard, instead of attainments. It is much easier to lay out a schedule of hours than to lay out a schedule of attainment in any particular branch. It is enormously easier to divide four years into semesters and periods, assigning them to one subject and to another, than to indicate the whole field that must be covered by medical education, and the attainment which should be recognized as proper in each subject. But our standards will not be satisfactory until we come to some general agreement, not upon years or hours but upon the question of what a medical student should know before he is allowed to practise medicine. The examinations to test attainments are as difficult to arrange as are the standards for the work. It may require just as many years to give us examinations that will do what we would like, and have a right to expect they will do. Such examinations will have to be something very different from what is yet current among State Medical Examining Boards, or the examinations conducted by faculties. We can not feel that we have established proper standards for medical education until we have our examinations worked out, as well as the hours in the medical curriculum.

Another matter which makes for undue rigidity is that a certain amount of intelligence must be worked in with the law. A good many of the States have attempted to put too much into their laws. They have done, what committees also have done: tried to put too much into their schedules. It must be recognized that no law will work itself, and that no law will work well unless it has intelligence back of it. There must be intelligent administrators who know what they are aiming at, recognize the proper claims of universities, and are ready to meet them.

Those who do not come into immediate contact with the Council on Education of the American Medical Association, may not know that there has been in that Committee full recognition of the necessity of ruling on individual cases on their merits. I suppose from some schools questions brought up to the Council would be decided rather strictly according to the routine standards. But for schools in which the Council feels confidence in the administration of their schedule, the rulings have been on the side of liberality in individual cases, as I think they should be. If a faculty that can be assumed to be earnest and honest in its endeavor to have proper standards is convinced of a student's qualifications, and the circumstances make it somewhat difficult to prove just where he belongs in the course; or, if the faculty recognizes that in spite of some apparent deficiency, he is fully able to take up a certain year's work in medicine, so far as I know, the ruling of the Council has been on the side of the student, rather than to enforce the hours laid down.

All these things must be taken into account. The State laws must be so framed that the administration under them will be given sufficient opportunity to change or vary requirements. The State examiners must recognize that colleges must be allowed to grow into the best scheme, rather than have it forced upon them. This is particularly true in the matter of hour requirements in which two States have, within the last two years, laid down as a minimum requirements seemingly unreasonably great. Finally, it must be recognized that all along the line there must be intelligent administration of these laws and regulations. With this recognition, I think our standards have not gone very far in the direction of too great rigidity.

Dr. John VanDuyn, Syracuse:

I hardly think I should speak upon this subject after such eloquence as we have here. I venture to say, however, that I do not quite understand what is meant by "standards" and "knowledge" in the present discussion. Surely, if knowledge is ability to pass an examination, if it stands for what one knows by the authority of the books, then medical education has made no advance since the '60's. Many of us went before the examinations of those times and could recite almost all of Gray's anatomy and know our "physiology" by heart. In those days, much as now, education consisted in the training of the memory, and the passing up of fees. To-day we are fast coming to what we may call a physiological education. In older days education was a matter of storing facts. Then, too, our subjects are so much more increast in number. In former times if we knew Dalton and Gray, and a few things besides, we could pass any examination, but, to-day, we have gone into such a variety of things some knowledge of which is necessary to constitute what is called a doctor. The fellow who comes up for examination and has a good appearance, assurance and good judgment, even tho he may not know much anatomy, etc., may be one of the best physicians of his time. I would emphasize the fact that there can be but one standard, which is that of excellence. The knowledge of to-day will not be considered knowledge, perhaps, a few years hence.

Dr. Ray Lyman Wilbur, San Francisco:

It seems to me that a minimum fixt standard will not interfere with the development of any good medical school and will be of great value in the poor medical school. I think it is a much more satisfactory guide to know that a man has been four years in a good medical school than to know that he has past a set examination as carried out in many parts of this country. Ability to pass an examination means very little. Personally, I would prefer to permit students who have diplomas from recognized institutions to practise without examination rather than see any elaboration of the examination system. In such institutions as Johns Hopkins where other students are able to graduate and yet specialize quite a little we find that they have no

trouble with State Examining Boards. Probably the standard is sufficiently high so that the State Boards do not quibble about numbers of hours and years.

Dr. James C. Wilson, Philadelphia:

I rise with a good deal of diffidence to say a word upon this subject upon which I have some very decided opinions. I think it is essential that we recognize that standards must be required, and that so far as possible, standards of examination must be made imperative. The present condition is a compromise between the requirements of the standards and the requirements of the examinations, both relating to the graduate as a practitioner, teacher of whatever specialty he may select. I am quite sure that the value of the number of hours as a standard depends, not wholly upon the student, but also upon the teacher. Pedagogics is one of the fine arts, and the teacher must be able to recognize the fact that there are various degrees of capacity and be prepared to teach the individual student. The mere question of hours must not be allowed to take too high a place. On the other hand, the examiner cannot feel that he has discharged his duty without having general information as to the amount of time or the amount of instruction the students have had because of the great difference in the capacity of the applicants for license. This all goes back to the institution. The fault that I discover in the whole matter relates to the requirements for admission. When I say this I speak as one with experience as a teacher for forty years; first in a junior capacity and general utility man in a large medical school and afterwards for twenty years in the faculty, and I am quite sure that I am right in saying that the institution must determine how a student shall be prepared to receive his degree and appear before an examining board. The aim of the institution must be to arrange some method of determining the fitness of a man to undertake the study of medicine other than a mere number of units from high school, so that a man who has not the capacity, the preliminary education to become a physician, shall not be permitted to enter the classes. The institution must see to this quite independently of any fixed regulation. It should have a very competent body of men to go over the fitness of individual applicants. Some of the most shocking things have presented themselves to my mind as a teacher, for example: that a man should enter a medical school, pay his fees from year to year, and be turned down at the final examination for some grammatical or orthographical defect in his paper. I have known that to occur time and time again. It seems to me almost like a scholastic crime. To state it mildly, it is a crime on the part of an institution to allow a man with an utter incapacity to meet the requirements to go on year after year spending his money and his time and then be turned down. Teachers in medical schools should see to it that no man who lacks capacity should be graduated. More than this, they should see that no man lacking capacity should be admitted. Appointees should look to themselves. No

man should accept a place upon a licensing board if not fully capable of properly examining applicants and altogether free from bias. It is a matter of conscience that members of an examining board shall so arrange their basis of examination that they shall know whether a man hesitates or makes trifling errors because he is anxious and nervous or because he is not qualified. The board should be able to determine whether a quick fellow of good memory shall be able to go thru on inadequate knowledge and insufficient education. This subject is one of the most important matters under the consideration of the medical profession at the present time.

HOW FOODS AND DRUGS CAN MENACE.¹

By WINFIELD SCOTT HALL, Ph.D., M.D., Professor of Physiology, Northwestern University Medical School, Chicago.

There is probably no field of personal and domestic hygiene in which the general practitioner of medicine finds more frequent necessity for instruction and counsel than that which concerns the relation of his patients to foods and drugs. This is true not only among his families on the boulevards and avenues, but also among those who occupy the narrow back streets, namely, the wage-earning operatives in factories and shops. As a matter of fact, the relation of these wage-earners to foods and drugs may contain an even greater menace to their health because in the case of the wage-earner we add to ignorance of the general principles of hygiene the economic factor.

So far as food concerns the wage-earner the menace is practically confined to two factors, namely, lack of information and lack of funds. These factors may operate singly or conjointly, but in either case they seriously complicate the condition.

In so far as drugs concern the wage-earner, we deal first with ignorance, then with several other factors such as example, desire, lack of will power, etc.

FOODS.

(1) UNWISE SELECTION OF FOODS.

(1) *Due to Lack of Information.*—The writer has frequently passed by a group of wage-earners at lunch and has incidentally noted the character of the average wage-earner's menu. For drink he will have either coffee or beer. There is certainly no objection to the former. If he adds a quart of beer instead of the coffee, it is probably due to the fact that his father before him used beer with his lunch, and the man in question has inherited from his ancestors the dogma that: "Beer is liquid bread." The lunch is not supposed to be complete without one or two cold fried pork chops or lamb chops and a piece of pie or cake or both, also some pickles.

¹ Read by title at the 39th Annual Meeting of the American Academy of Medicine, Atlantic City, June 20, 1914.

Very frequently the writer has stepped into a lunch room for a bowl of "half-and-half" milk and cream with bread and has noticed incidentally a young wage-earner on his right ordering pie "à la mode" and coffee, while perhaps the young man on his left is regaling himself for his four or five hours of afternoon work with strawberry shortcake and coffee.

Finally, it is a common thing to observe the wife of a wage-earner in the market selecting foods of low food value, perhaps out of season and high-priced, selecting cuts of meat that are the most expensive and no more nourishing, the selection being determined either by the fact that the woman knew how to cook the expensive mutton chop or steak, but did not know how to cook the very much less expensive "boiling or stewing cut." The children from these families run bare-headed across the street to the delicatessen, perhaps just before or actually during the meal to buy some expensive material of doubtful nutritive value for dessert; and, finally, the baby in that same family may be given grossly improper foods, not at all adapted to its age and digestive powers, because the mother is lacking in information regarding just what the baby's needs are. Children of school age from these families spend enough pennies each day for cheap candy, gum, ice cream cones, and the like, to buy a loaf of bread, a pint of milk or two fresh eggs. All of this unfortunate choice of foods which involves not only waste of meagre funds, and provides food of doubtful value and perhaps actually harmful, is due to lack of information on the part of those who select the foods.

The well-informed mother of such a family will provide for her wage-earning husband and son lunches of bread, meat and coffee, perhaps a hard-boiled egg or two may be added to the lunch. If the coffee can be kept warm or can be made warm at lunch time, in the cold season of the year particularly, it affords the worker his warm lunch, and the meat sandwiches afford him proper and adequate nourishment for his afternoon work.

The well-informed man understands that a quart of beer, though costing as much as the loaf of bread, contains no more nourishment than one mouthful of bread. He will therefore not spend his nickel for that which is not bread. In a similar way

he would reason that coffee and pie or other rich dessert make a very inadequate and unsatisfactory lunch for a man who must do four or five hours of hard work. The same fifteen cents which he would pay for such a lunch, if expended for wisely selected foods, would pay for a lunch much more easily digested and containing three or five times as much nourishment.

(2) *Due to Financial Limitation.*—The unwise selection of foods may be due more to financial limitations than to lack of information. For example, the mother may know that the welfare of her baby depends upon its getting good milk, but certified milk, the best food for her baby, next to mother's milk, would cost fifteen cents a quart and she may not be able to afford that amount.

The young girl who is receiving a starvation wage of only six dollars a week and is trying to eke out that meagre sum to make it cover rent, clothing, board, laundry, carfare and postage on her letters home, finds that she cannot spend more than twenty-five cents a day for food if she is to dress respectably. That means that at least two of her meals must be cold lunches in her room and must be reduced to ten cents for the two meals, while her third meal, and the only square meal of the day, is a fifteen-cent one taken at a woman's lunch club down town. She knows that she is illy nourished and that she needs more eggs, vegetables and fruit if she is to keep her girlhood vigor and freshness of color, but the poor child simply hasn't the price, so she lives on crackers and cheese, dry bread and milk, good enough so far as it goes, but so lacking in variety that by the time she has had the same thing three or four hundred times she loses appetite and would rather go to bed without any supper in order to have a double portion of meat-stew at the club the next day.

(II) IMPROPER CARE OF FOODS.

(1) *Due to Lack of Knowledge.*—In a large proportion of the homes of wage-earners the improper care of foods may serve directly or indirectly as a menace to health. Partially used food may be left upon the kitchen table from one meal to the next, or if cleared from the table it may be carelessly tucked into a kitchen cupboard where fermentative processes or even putrefac-

tive processes may begin and get well under headway before the food is thrown away or consumed. The flies from back alleys and barns—or worse yet—from neighboring sick rooms, have free access to this food and may deposit a trail of disease germs upon it. The milk for the baby stands open on the kitchen table and may be equally contaminated, but the innocent defenseless child has no other food provided until the following day, though the bacterial count may mount into the millions during an August or September day and night.

All of these unfortunate things can happen in a family purely as a result of ignorance.

(2) *Due to Lack of Facilities.*—Even if the housewife knows better than to leave food exposed in this way to heat, desiccation and contamination, she may lack the facilities for proper care of it. She has no refrigerator and cannot keep her baby's milk cold; she has no screens for doors and windows and therefore cannot keep the flies out of the house; she has no stone jar or tin can for a bread box and therefore the bread dries or moulds. Women subjected to such domestic conditions are very likely to throw away unused portions of food because of lack of facilities. Waste, therefore, in such homes becomes a serious complicating factor. As a matter of fact, in many homes there is enough food wasted every six months to pay for a refrigerator and keep it stocked with ice; to pay for screens for windows and doors, and for other facilities necessary properly to care for the food, so that the half-loaf and half-roast could all be used up and not consigned to the garbage can.

(III) IMPROPER PREPARATION OF FOODS.

(1) *Due to Lack of Knowledge.*—Many a housewife, through lack of knowledge, fails properly to prepare foods and therefore may serve to her family nourishment which may carry a menace to their health, either in foods that are difficult of digestion, or in foods that may have become contaminated in the market or in the kitchen. Many of the foods are handled carelessly in the markets and are not protected from flies, either in the markets or in transit to the homes. Many of the foods therefore require

very careful washing in the kitchen before they are cooked. The bacteria of fermentation and putrefaction are killed by adequate cooking. It is also true that as a rule these bacteria are killed in the stomach by the hydrochloric acid of the gastric juice, but this latter is not always the case and occasionally an individual may be temporarily afflicted with hypochlorhydria. In such a case the ingestion of foods contaminated with these bacteria superadding them to those already inhabiting the alimentary tract may start and probably would start a furious bacterial activity in that tract that would seriously complicate the condition of the individual. In the preparation of foods every housewife should know the importance of properly cleansing the material before cooking, and then of properly cooking the material in question. Adequate knowledge will prevent waste of valuable materials. A quart of milk that may have become sour need not be thrown away and it ought not to be eaten without proper preparation. The efficient housewife neutralizes the acidity with cooking soda and uses the milk in any one of a hundred ways to make a wholesome dish for the evening meal. A delicious custard, for example, might be made that would be not only easily digested but wholesome and could afford nearly the whole meal for the younger children of the family, from one to five or seven years of age.

The dissemination of information among the home-makers of the wage-earning class regarding the selection, care and preparation of foods is a matter of the greatest importance and one which would contribute greatly to their well-being.

(2) *Due to Financial Limitations.*—A certain amount of the difficulty in the preparation of foods is due to fuel economy and inadequate cooking resulting therefrom. It is very common to see cereals that should be cooked an hour or more, cooked only five or ten minutes. This saves fuel, but what the stove fails to do the digestive organs must accomplish, namely, the breaking up of the starch grains and the digestion of the starch; the first part of this work should be accomplished in the preparation while the second alone is the proper work of the digestive system.

DRUGS.

(1) THE PATENT MEDICINE HABIT.

(1) *Due to Ignorance.*—A vast preponderance of the use of patent medicine is found among farmers and the wage-earning class of the big cities. A generation ago the use of patent medicines was more general, but as the decades go by, their use becomes more and more limited to those who are less instructed regarding the use of drugs, and who are more accessible to the advertiser. The cheap journals and weeklies are read freely by these people and they are strongly influenced by the advertisements which make up no small part of their printed matter. The vender of panaceas finds in the family of the wage-earning man the freest buyers of his nostrums. They read the printed matter on the label and the accompanying pamphlet with the same trustful credulity that they read the columns of the weekly county paper, so they continue to buy "sure cures" for rheumatism, neuralgia, dyspepsia, "liver troubles," "kidney troubles," "nervous troubles," etc.

Until the enactment of the food and drugs act, it was almost the universal custom of patent medicine makers to combine in their prescription besides an active drug—which might or might not have the desired action—a strong narcotic: alcohol, morphine, cocaine, chloral hydrate, etc. In reality it was the influence of the narcotic in these patent medicines that insured the more or less continued use of them once the "remedy" was tested.

In ignorance and false economy the wage-earner called the practitioner of medicine only in cases of desperate, acute and immediate need. Sub-acute and chronic conditions he attempted to treat at home through the help of these much vaunted remedies.

One of the most serious cases of hob-nailed liver that the writer has ever seen was a victim of Peruna in the days when Peruna contained at least 40 per cent. of alcohol; the case was that of a woman—a temperance worker of considerable prominence. She had taken Peruna for a number of years, in ever increasing doses; she was a chronic alcoholic; but due to her work for temperance, her symptoms were wholly misunderstood by her family and friends. She finally died of chronic alcoholism, yet no drop of

alcoholic beverage with the exception of Peruna ever passed her lips. Post-mortem examination revealed the real cause of her death, which had been obscure and which had puzzled the medical staff of one of our largest hospitals in which she spent the last few days of her life. This was a plain case of ignorance which led to the patent medicine habit being established in the first place and continued to the end.

(2) *Due to Example.*—Many a patent medicine victim falls into the habit through the example or advice of a neighbor. It is quite probable that this accounts for the beginning of the habit in a majority of the cases. The kind of a man who takes Smith's vinegar bitters for his stomach or Jones' sarsaparilla for his blood, is the kind of a man who talks to his neighbors about his ailments, describing his symptoms in detail. The ignorant young neighbor who has not yet acquired any series of symptoms peculiarly his own, listens with bated breath to the recountal of his old, experienced neighbor. He shows interest in the case and the "cure." His old neighbor gets the pamphlet that came with the "remedy." The young man takes it home and reads it, and as he reads he fancies that he himself has noticed those same symptoms. He has noticed that he experiences a loss of appetite after each meal; that he experiences a disinclination to get up in the morning and various other ominous symptoms, so he tries his first bottle. The chances are that it is the first of a dozen bottles—is the beginning of a lifetime habit of doping himself and his family.

(II) DRUG AND DRINK ADDICTIONS.

(1) *Caused by Example.*—The influence of example in starting the patent medicine habit has just been set forth. In no small proportion of the cases the patent medicine habit in general is the forerunner of and the cause of a special drug addition that may really ruin the life of the individual. This is particularly the case when medicine that contains morphin, cocain or chloral has been used. The victim finds out that the particular constituent of the remedy which has the sought-for quieting effect and makes him oblivious to his troubles both physical and mental,

is a substance which he can buy separately at the drug store, so he begins his downward course as a morphin or cocain fiend, using all sorts of devices to get the drug from the "honest druggist."

(2) *Caused by Patent Medicine Habit.*—Patent medicines which contain twenty-five per cent. or more of alcohol are very likely to cause the victim to become eventually a chronic alcoholic, if he discovers that the constituent whose special action he craves is alcohol.

(3) *Caused by Physician's Prescription Misused.*—Many a case of drug addiction, yes of drink addiction too, has been caused by the misuse of a physician's prescription. There are certain aggravated acute cases where the physician prescribes morphin or brandy to alleviate the condition with no thought that he may be handing to his patient a dangerous weapon, which the patient may later use suicidally, tho without suicidal intent. While the prescription is left at the drug store the patient has the number of the prescription on the box or bottle and returns repeatedly to have it refilled; this may go on for a month or a year. He may get a copy of the prescription from the druggist and move to some other city or state and continue to have this prescription refilled to the end of the chapter. Years after the physician has forgotten the patient, his prescription is being refilled by a druggist a thousand miles away. The victim of the drug addiction may have had his life ruined. Physicians are in these days conscientiously careful not to give prescriptions that contain any appreciable amount of narcotic. If it is necessary to administer a narcotic drug in an aggravated or acute case the physician administers it personally or directs the nurse to do so and the patient does not know what he receives and if he should later ask what it was that gave him such complete relief, he is given an evasive answer. The writer personally knows of a case where a cocain solution was used to allay irritation in the nasal mucous membrane. The patient was given a prescription. He used the douche in considerable excess, was keen enough to know that it was the cocain in it which caused his pleasurable sensations, and began the use of the drug as a confirmed cocain fiend. Too much care

cannot be exercised by practitioners in the use of narcotics. No prescription for morphin or cocain should ever be put into the hands of the patient. If the case is sufficiently serious to require these drugs the physician or nurse should personally administer them and under no conditions should the patient be told what he is getting.

(4) *Caused by Food Accessories.*—(a) *Tea and Coffee Addiction:* While tea and coffee in moderate strength may be used a lifetime in moderation by most people, it sometimes happens that an individual of nervous temperament discovers that these beverages afford a noticeable stimulation which is pleasing and which they convince themselves to be actually advantageous. While occasional caffein stimulation may be advantageous, frequent extreme caffein stimulation is distinctly disadvantageous, but the victim of the caffein habit step by step gets drawn deeper into the mire of addiction until he becomes a real tea or coffee fiend. The writer has known women who had tea for breakfast, dinner and supper, two or three cups at each meal; and then finally reached the point of resorting to tea in the afternoon or evening to keep them awake and to keep them going. The writer has known men and women so addicted to coffee that they used from ten to fifteen cups of strong coffee a day, thus almost continuously whipping their tired nerves with the caffein lash. Such gross excess in the use of tea or coffee must be classified among the drug addictions, and while they are not by any means so serious as morphin, cocain or alcohol addictions, they are nevertheless sufficiently serious to merit attention in this connection. The excessive use of these stimulants seriously menaces the general health and well-being. Information regarding this menace should be accessible not alone to the wage-earner in factory and shop, but to office employees and those who are domiciled in mansions on the boulevard.

(b) *Beef, Ale and Wine Addiction:* Most works on dietetics classify beer, ale and wine among the food accessories. There is practically no actual food value in any of these drinks and nobody drinks them with a view of receiving food value with the possible exception of the man who has been taught as stated above that

"beer is liquid bread." It is even doubtful if he actually believes it, though he may cite that in his argument of justification for its use. It is the influence of the four to seven or ten per cent. of alcohol in the beer that leads the man into the habit of making it a regular part of his meals, especially his mid-day lunch and perhaps of his supper.

Wine is used as a food accessory almost universally in southern Europe, where it is produced in great abundance. Until recent times its use found some justification in the fact that many of the cities of southern Europe had very adequate supply of very questionable water—water contaminated in its source, in its transmission and in its final distribution. The people feared to drink the water, properly too, and they recognized in wine a safer drink than water presented at certain times. In order to make sure they used wine all the time. In fact they had no way of telling when their water was fit to drink.

But this fear of the water of the cities of southern Europe is no longer justified. The writer has used this water freely for drinking purposes in many of the cities of southern Europe, after first ascertaining that all the laws of modern hygiene are carefully observed in the collecting, transmission and distribution of the water supply. The tables are now turned on the wine. Water is a wholesome natural drink and we know wine to be an unwholesome and unnatural drink. There is a gradual awakening of the governments of Europe to this fact. It is probable that within the next generation beer, ale and wine will cease to be classified as food accessories. They will be classified as harmful drinks and their use will be very much restricted.

(5) *Due to Desire for "Stimulation" or Narcosis.*—Many a wage-earner begins the use of strong drink because of his desire for what he calls a "stimulant." He feels tired, he may even be aching with fatigue. He believes that a "stimulant" will help him get through the day. A dram of whiskey or brandy eases his pain and makes him unconscious of fatigue, so he continues his day's work convinced that his dram of alcohol helped him with his work affording a needed stimulus. In the light of modern researches we interpret his response to the alcohol very differ-

ently. It did not stimulate him, it only relieved his sense of fatigue and pain as an anesthetic does. Instead of being a stimulant it was really a narcotic. Relieved of the pain and the sense of fatigue he continued his work to the end of the day only to feel a recurrence of his fatigue all the more extreme as the reaction sets in. The argument which he used to justify the first dram may be used again to justify a second dram, so he drinks again to forget his weariness. It is hardly necessary to say that a man who starts on that sort of a campaign soon degenerates into the class of inefficient workers. Among the men laid off from the factory he is in the first lot if he is a man without a family. If he has a family to support, the manager will keep him until he becomes an actual loss to the company in inefficiency and cost. The family man who is an addict of alcoholic beverages will probably be in a second list of those who are dropped from the payroll. In this seeking of a "stimulant" lies one of the most serious menaces to the wage-earner so far as concerns his relation to drugs. Every effort should be made to disseminate among wage-earners a knowledge of the truth regarding alcohol. Every wage-earner in the world should be taught that alcohol in any form as beverage, food accessory, or medicine is a narcotic and not a stimulant, that it is a dangerous drug because its moderate use is likely to lead to its excessive use and that its excessive use is associated in a casual relation to weakness, disease, degeneration and death.

(6) *Due to Desire for Conviviality and Good Fellowship.*—Many a man who feels no need of "stimulation" does feel the need for companionship, good fellowship and conviviality. Furthermore, he has a right to these things. Man is a social animal whose highest all-round development cannot be attained in solitude. He needs companionship to bring out his best qualities. Considering all of this, it is easy to understand how the man who has just received his week-end pay envelope goes with his companions and associates into a neighboring saloon where their pay checks are cashed and he sits there for an hour or so relaxing from his week's work, telling jokes and funny stories and incidentally setting up the drinks for the half dozen men who sit about the table in the alcove. It has become customary in America for each of the other

men in their circle to set up the drinks for the crowd. This is a most unfortunate thing, because if there are six men in the group and if each man sets up the drinks, each one will have had six drinks before their little social gathering is broken up, but six drinks exceeds all bounds of moderation—it is excessive. The man goes home at eight or nine o'clock instead of six or seven, distinctly under the influence of intoxicants and with an appreciably depleted purse. It is hardly necessary to further depict the almost certain downward course of this wage-earner. Drug addiction in his case becomes chronic alcoholism. He gradually, as the years go by, degenerates first into an inefficient worker, in time of a dull season he is first to be laid off, and finally becomes a continuous member of the great army of the unemployed. His wife and children are now the bread winners for the family while the drink addict, who at forty-five or fifty, should be at the climax of his industrial efficiency, because he should now work only not with trained hands but also with ripe experience and judgment—mopes and smokes and growls at home, his own health wrecked and the health, happiness, education and general well-being of his children seriously menaced if not actually impaired.

HOME SURROUNDINGS.¹

By THOMAS D. DAVIS, M.D., Ph.D., Pittsburgh.

An ideal home is one where the physical, mental and moral welfare of the family is developed in the best, or highest, manner possible. Such a home in the apartment houses of a modern city is an impossibility. For while extreme care might develop the mental, and to some extent the moral natures, in such apartments, yet the physical strength would have to depend almost entirely upon outside influences. Even if properly prepared food is supplied, fresh air, sunlight and proper heating are to a great extent wanting. If this statement is true of the most palatial apartments, how much more serious is the condition in those apartments designed to house the most people in the smallest space possible? This deficiency is not only true concerning physical needs, but the more contracted the space the less chance there is for mental and moral uplift. Take music, which everywhere is recognized as elevating; its practice is forbidden in many apartments, while the lack of privacy is far from conducive to good morals. It is not the children alone who are thus deprived of the benefits of ideal housing, but the parents also.

Child nature demands relaxation and exercise, but where and how are city children to get it? Few city homes have yards, or is there vacant ground where they can play, while usually it is a long distance to the parks, even if they have no keep-off-the-grass signs in them. The streets are dangerous for play and the time-honored hop-scotch is forbidden on the sidewalks. No longer may children play I-Spy or Hunt the Hare in the streets nor ride bicycles or use roller skates on the sidewalks; the policemen watch that the rights of our citizens are maintained. More than one boy fourteen years old, out on our Juvenile Court Farm, has said to me: "Until I came here I never threw a stone as far as I wanted to, nor *hollered* as loud as I could!" To meet this absolute need of play some cities in their great generosity have provided small grounds. They have usually located these where

¹ Read at the 39th Annual Meeting of the American Academy of Medicine, Atlantic City, June 20, 1914.

property could be bought the cheapest, rather than considering where they would be the most convenient for the children. Not only are the best of these grounds inadequate, but in our wisdom we have tried to teach children "organized play." This is a series of trivial games, or drills, that to all intents is a system of work, devoid of most of the elements of real play! At stated periods exhibitions of these drills are given and the delighted public vociferously applaud, while the paid conductors exclaim: "See how beautifully we have taught your children to play!" Last year our city paid \$57,000 to teach our children how to play.

On the other hand, a perfect house and grounds may not contain a true home. We are so given to charging every shortcoming to environment that we are prone to overlook the personal equation. Where among the poorer classes bad parental oversight may be charged to ignorance, too often in the home of luxury it is the result of indifference, or neglect. Children of the wealthy are frequently brought up more by servants than by their parents, and thus moral, mental and physical bad habits are the result. Even where parents have the interest of their children at heart, they sometimes are so engrossed in business and social cares, or have so little aptitude for such delicate and important work that their oversight is imperfect if not disastrous. The incorrigible and degenerates are not all from the homes of poverty. Many of our most distinguished and honored citizens have come from very humble houses. It is the aspiring mind and loving heart within a building that elevates it into a home. Indeed it would seem as if discouraging environments only stimulated ambition in some. Andrew Carnegie was brought up in a very humble house, but there was a faithful Scotch mother in it that made it a true home. Lincoln's early house had but three sides, but a devoted stepmother made it a home. Garfield's dwelling was of the humblest sort, but his Christian mother made it an exalted home. Has not too much effort been expended on mere inert materials that make houses, rather than on pliable minds and hearts that make a home? The great Park Hotel in New York was once A. T. Stewart's unsuccessful home for working woman! Mere improvement of houses without extra

efforts to improve their inmates, in the long run, have been failures. Much thought and money have been expended on hygienic housing propositions. It has always been an attractive field for philanthropists, but it has invariably been found that it is easier to supply suitable houses than it is to find suitable inhabitants for them.

I have recently been through a large section of the bituminous coal fields. At the great majority of the works there are no more comfortable, or sanitary houses for laborers in the world. These houses are separated from each other and have an abundance of light and air. Most of them have front yards and garden room in the rear. They are usually of two stories and have modern sanitary appliances, as far as possible, yet many, very many, of these look more as if they were cattle pens than homes for human beings. As a rule their front yards are entirely neglected and not a vegetable is raised in their gardens. This is all the more marked because immediately adjoining may be houses with flowers and shrubbery in their front yards and profitable gardens with their attractive foliage and growth. Mostly, however, unkempt women and loafing men are lolling around in front with pigs, chickens and children. The beer wagon stops oftener at these latter houses than does the milk cart. The Sundays and holidays of the men are mostly spent with beer kegs in the woods or along the rivers, sometimes accompanied by their women and children. Their houses are not homes and present no attractions for them, yet these men receive the highest pay in the world, for the same kind of work. One of our largest employers of labor told me recently, that when their men went wrong they invariably traced it to miserable housekeeping and slovenly women. The floors of some of these houses are not scrubbed for months and they swarm with vermin. Nor is it ignorance alone of good housekeeping that leads to such foul conditions. I know several women who were neat and tidy domestics in fine homes, who are now married to good tradesmen, but their dwellings are now indescribably dirty and disorderly and their children the very worst in their neighborhood. I have known neat, clean and convenient houses, just new, that in a few months were too

filthy and unhygienic to be described. The cause of this retrograding is mostly beer, or the depressing influence and discouragement of strikes.

Much of the crowding in the more respectable tenements is entirely unnecessary, and is more the result of cupidity than poverty. In the poorer districts I have known laborers getting \$2.25 a day, who slept in cellars, five to ten in one room, costing them fifty cents a week, and they were simply saving up to get back and loaf in dear, dirty old Italy. The Huns in our coke regions are notoriously degraded. The condition of some of their sick and injured when they are brought to our city hospitals is simply horrible beyond belief, yet their company houses are almost invariably well built, comfortable and convenient. A pen of hogs, no matter how fine the building may be, is still a hog pen.

With such parents, who create such surroundings, how is it possible for their children to advance? Take these same children out in our Juvenile Court farm, where in simple cottages they have been trained by faithful house fathers and mothers, and their rapid improvement, in every way, is simply wonderful, but these same simple cottages without the skilled and devoted foster parents and teachers would accomplish but little of a permanent value. Unless such children can be separated from their parents there is but little hope for them. Simply improving dwellings is trying to purify the foul stream when the trouble is at the source. Purify the people and the dwellings will become pure.

I recognize fully the crowded condition and the miserable accommodations in the tenement houses of our cities, but even in them cleanliness is not altogether impossible if the people are clean. The very worst tenements are made worse because the tenants are slovenly and lazy. There can be no doubt that more disease is caused by the way a house is kept than by the house itself, no matter how poor it may be. Only those whose duties call them into our worst tenements can realize how unsanitary, not to say filthy, they are kept. There is often poverty in everything but dirt. Even in a grade better apartments there is a woeful lack of cleanliness. It is the habit of many in these

to *clean up* once a week and the rest of the time the house is in disorder, confusion and dirt. The waste in most of these houses, either through ignorance or indifference, is appalling, while poorly cooked food is the constant source of physical evil. Our schools have, with the expenditure of much money and time, attempted to overcome this, by teaching culinary art to children from such homes. It has not been a real success. Domestic science kitchens have been fitted out with appliances never dreamed of in tenements. This equipment consists of glass topped tables, marble sinks, tile tops, refrigerators, fine cooking utensils, gas stoves with broilers, toasters, etc. While the dishes they are taught to prepare are to a great extent an impossibility in tenements, the same holds true of similar work in most social centers. It would seem as if public kitchens should prove successful, where food would be prepared more economically and certainly far better than it can possibly be done in most tenements.

Let us have as good houses as we possibly can. Let us supply every convenience and sanitary device possible. Let nothing be undone to give everyone the best environments possible, yet after all we will find that it is the people that we must improve rather than their houses alone.

IMPROPER RECREATIONS.¹

By SHERMAN C. KINGSLEY, Chicago, Director Elizabeth McCormick Memorial Fund;
Former Superintendent United Charities of Chicago.

Man's earlier occupations were out of doors. He ranged the forests, tilled the fields and sailed the seas. He indulged in the chase, and both his labors and his recreations, which were often akin, were largely in the open.

With the coming of factory conditions and city life, a great change has taken place. The ranch and the farm gave way to the cottage and the yard, and these, in turn, yielded to the flat and the tenement which covered the whole block. The retreat from the open is well nigh complete. The tenement surrounds the factory. A short walk in the early morning hours and late at night takes the worker to and from his dwelling and the factory where he labors at a desk, a machine, at more and more specialized kinds of work. He carries his lunch with him, and this is often eaten inside the building. This operation, repeated day in and day out, describes the orbit of his life. The dwelling is on one floor and consists of from one to four or five rooms, averaging about four for the usual worker. Land becomes valuable in these congested places and it fills up. No account is taken of out-of-door opportunities; the worker will not stay in his three or four rooms, and seeks some kind of recreation from his circumscribed and monotonous life.

Since the worker either has not been able himself to look out for his opportunities for recreation, or has not had the foresight to do it, and since society has not done it, this field of activity, like the recreation of children, has been appropriated and commercialized by a group of people who are wise in their generation. They know that not only will children not remain in these two or three or four rooms, but that neither will the father. Consequently, the saloon, the dance hall, the pool room, the gambling house, the cheap theater and other sorts of commercialized amusement have sprung into existence and cater to the "street

¹ Read by title at the 39th Annual Meeting of the American Academy of Medicine, Atlantic City, June 20, 1914.

and alley time" of boys and girls and the off work hours of the men.

In the city of Chicago there are 7,000 saloons. Often every building on the whole side of a block is a saloon. 7,000 saloons in the city means one saloon for every 70 adults. About the same proportion prevails in other large municipalities. So, the worker having spent his 8-, 10-, 12-hour day in the factory, with brief intervals at home for his morning and evening meal, finds himself, with companions, in some one or other of these indoor places of recreation. The saloon still counts the largest numbers.

After an evening thus passively spent, often with the accompaniment of intoxicating drinks, with low-tone scenes, stories and other amusements, usually in close and vitiated atmosphere, the worker returns to his home to spend his sleeping hours also in congested quarters.

The Juvenile Protective Association of Chicago, in a study of the recreations of young people about a year ago, found that on an average of about 80,000 young people a night were to be found in the dance halls, largely connected with saloons, in the city of Chicago.

Some measure of the moral perils connected with this kind of recreation is indicated in the number of arrests, of the convictions in courts, and of the recruiting that goes on in the red light districts. There is probably no data on which to base any estimate of the lack of efficiency and physical deterioration occasioned by these false standards of recreation.

One of the things strikingly impressed upon social workers when they come into intimate and confidential relations with our immigrant population is the distress they experience in trying to bring up their children under the new conditions.

The majority of them are accustomed to greater out-of-door activities in the lands from which they come. The folk songs, games and dances, the times enjoyed by the family together, are among the charms of life not only in Italy, but in France, Germany, Sweden, and other countries as well. There, it is more the custom for the whole family to have their good times

together. Here, the special places for the men in the way of saloons and other forms of so-called recreation, and those that appeal particularly to the children, help to break the family up and progressively to instal disintegrating, specialized forms of diversion.

This makes the matter of present form of amusement of double consequence. It has its immediate effect on those who are participating in the different kinds of recreation, and it is also making habit and tradition which will descend to the children. It is bad enough to register the consequences of recreation on wrong lines in the bodies of those who participate in and make a habit of that kind of recreation. It decreases efficiency, lowers the tone, and is a losing game for those who practise it. It is at the same time insidiously confirming in the minds and practices of people acquiescence in and a demand for that particular form of city life. It is a distinct loss to any community to have it instilled in the minds of its growing children that it is an intrinsic part of a city to have saloons and brothels, arrests, disorderly houses, and a whole line of low-tone, destructive, so-called recreation agencies.

One of the most hopeful developments that has taken place in our modern life is the bringing back to the people of open spaces, of swimming pools, field houses, playgrounds, recreation facilities of a wholesome sort.

As city life is organized to-day, the working man is unable to provide proper recreation for himself and for his children. It must be a community affair. Together the people must plan and make provision for this matter of recreation.

I once heard a man say that he felt it almost more important to know what the young men in his employ did outside their working hours than what they did while employed.

By the very weight of present adjustments, the temptation is placed on the average working man to make a wrong use of his recreation moments. Some of the most cheering sights that one sees in England are the bowling greens, the cricket fields and other places of recreation scattered about the cities, and to see the working people after hours spending the long twilight in some

form of delightful out-of-door recreation. Great use, also, is made of vacant spaces—allotments, they are called—along railroad tracks. Indeed, all the land about the cities is parceled out to those who wish to use it for flower and vegetable gardens; and as one travels about one sees hundreds of people—men, women and children—employed in this way during their leisure moments.

In the parks about Paris one will see whole families, father, mother, children, the grandfather and the grandmother, all playing together, or with employments and recreations suitable to each group.

In Germany, the average working man loves to spend his Sunday in the open air. In the large cities they start early in the morning with their whole family, even the babies. They take their dinner, the children their playthings, the mother some needlework. By train or trolley they reach some place in the country and settle under a tree in the meadow, on the bank of a river, at any place they like, for the day. In the smaller places where the open country can be reached more easily, they sometimes prefer having an early dinner at home, but the afternoon is spent out in the open.

Around nearly all the large German cities are so-called garden colonies. A big area is divided into small lots that are left for garden purposes. The single lots are sometimes only about 16 to 33 feet, but the tract contains a little cottage or arbor, a small lawn and heap of sand as a playground for the youngsters; and in these places an abundance of flowers and vegetables are raised. Many working people seize this opportunity to have a bit of land of their own. These garden colonies are accessible, and every free hour on Sundays and holidays is spent there.

This observation has been made by a German social worker: "There is no sport that might be called the National German sport. It is perhaps due to this fact that Germany does not suffer so much as other nations do from the dissolution of the family. Until now, the recreation opportunities for the working people helped to draw the family together, and one thing that has re-

tarded the more formal organization and specialization of sport is that it would tend to separate the family." Walking, bicycling, hill climbing, swimming, rowing, all are very popular in the countries abroad. They have paid greater attention to the care of streams and of water resources than has been the case in this country.

In England the Half Holiday Association is an indication of the value that is placed on recreational facilities. This Association has equipped country houses and places that make a nice destination for a half day's walk or bicycle ride. Here, somebody is in attendance to act as host, and the fine old English places receive the people who are on the walk or the ride and provide meals or accommodation for the night.

What we want in this country is to create an appetite for the open air, for wholesome recreations, a love for trees and grass and flowers—for God's great out-of-doors. It is becoming more difficult to get such things, but out-of-doors is a big place. There is an abundance of fresh air and of sunshine. These things can be made available for almost every man, woman and child, if only the community appreciates the necessity for such things. We need them and must have them.

We want to stop this tendency of instilling in the minds of our growing children that saloons, dance halls, passive recreations, are the right kind of thing. Vicarious exercise will save no one. It is not sufficient to sit around a prize ring or on baseball bleachers, on benches in stuffy moving picture shows, and watch somebody else in action. The individual must move his own muscles, must bathe his own lungs in fresh air, must let the sunshine do its work on its own face and arms. We want to give the out-of-doors back to the people. We want each individual to have the right kind of facilities, to acquire right tastes and habits in recreation, and to hand down to his children the right kind of traditions in recreation. It is a great thing for a nation to have the right kind of songs. Is it not fully as important that our recreation and play should be upbuilding, helpful, satisfying and ennobling?

DISCUSSION

Dr. L. Duncan Bulkley, New York City:

I think we cannot thank Dr. Hoffman enough for bringing to us this interesting paper upon the local cause of cancer. Those of us who are studying the disease will recognize, I think, that it is suggestive in regard to the action of light. Cancer is an aberrant cell in the human body. It just so happens that I am to read a paper on cancer in the Pathological Section of the American Medical Association, so I happen to be pretty full of this subject. We find that the Cohnheim theory of "embryonic rests" is probably true; that these rests are in every one; that they remain unproductive for a great number of years and then take on this aberrant action. Cancer is only the ultimate result of something that has gone wrong before. It is not a disease coming from the outside, not infectious, not contagious, but simply the starting up of some cells which then take on this morbid action. What is the fundamental cause of it? The meat-eating of England has increased of late years so that now there are some 130 lbs. of meat consumed in England for each man, woman and child per year. Among the higher classes from 180 to 230 lbs. of meat are consumed in addition to game, fish, eggs, etc. This is more than double the amount in fifty years. During that period of fifty years cancer has increased four-fold, and one cannot help believing that there is some relation between the two facts. In New York, cancer has not greatly increased in the last five years. I explained in my paper that this was probably due to so many of our immigrants living upon their former food of a vegetarian character. In Baltimore, where there is not the immigrant class, cancer has increased 11 per hundred thousand. In seven of our large cities cancer has increased seven per cent in the last five years. In the cities presenting this increase there has been the increase in meat eating and coffee drinking. I think it is a mistake to look wholly to local causes.

Mr. Lewis T. Bryant, Trenton, N. J.:

I should like to ask Dr. Hoffman whether any precautionary measures are being taken in England, or whether they have devised any remedial features to offset the inception of cancer?

Dr. F. L. Hoffman, Newark, N. J.:

Persistent efforts have been made to improve conditions in the pitch and tar, or artificial fuel briquetting industries, but the results have not been entirely satisfactory. In the main, reliance is placed upon absolute cleanliness, and it is held that the immediate removal of the irritating dust would be, as a rule, effective. The subsidiary and more elaborate and costly legal protective requirements were, on the whole, found to be the least useful. The principal difficulty was experienced in securing the cooperation of the men who objected to the compulsory bathing and washing requirements.

Mr. Bryant:

What particular type of dust would be calculated to induce cancer?

Dr. Hoffman:

The dust of the pitch.

Mr. Bryant:

Was not the cancerous effect rather due to contact of the dust with the skin than from the breathing of it?

Dr. Hoffman:

The cancerous effects were due chiefly to the contact of the dust with the skin and the resulting irritation. The settling of the dust in the sweating pores of the body was held to be the direct causative factor.

Mr. H. W. Jordan, Syracuse:

We had an operation which ground pitch very fine. Some of the men were greatly irritated by this fine dust, particularly in warm weather. It had a penetrating effect, and with the perspiration seemed to go right into the skin. This might produce more cancer than ordinary dust. While some men were quite immune, others were not able to work until provision was made to prevent the dust in the room.

Mr. Bryant:

In regard to the second paper, it is surprising how general is the use of lead in several industries in most of the States of this country. Perhaps the United States has been more derelict in the matter of protection than any other country in the world. Workers where lead is used in quantities by inhaling the dust have their vitality so impaired that they are likely to contract other diseases than direct lead poisoning. Dr. Hamilton, who is probably the greatest investigator, aroused the several State Departments to do something along the line of remedial work. In our own State we found from the records of one physician that in the city smelter works there were 200 cases of lead poisoning varying from the usual symptoms of lead poisoning down to the double wrist drop and total paralysis.

Dr. C. T. Graham-Rogers, New York City:

One phase of the subject of lead poisoning is laxity of laws regarding the house painters. We find that many cases are due to faulty personal hygiene. If there is lack of facilities for proper washing, the workman will not take care of himself. In the erection of new buildings there is no provision made for the painter to wash up, and the best he can do, perhaps, after the work is finished is to use a piece of waste or paper for wiping his hands. There is no hot water and no soap for his use. I remember one instance in which rigid requirements of the law were complied with but in which case after case

of lead poisoning develop. Here I found that there was litharge in the water tank. Physicians are not working hard enough to prevent lead poisoning in not reporting cases and not learning to recognize lead poisoning. When a case comes to a physician the trouble is not taken to inquire into the nature of the work of the patient. A large number of cases are being treated as anemias. I appeal to the physicians to further the reporting of lead poisoning. It is only upon our morbidity statistics, not our mortality statistics, that we can accomplish results. Let us help the people now while they are alive and not wait until they are dead.

Mr. Bryant:

Dr. Rogers spoke of the value of reporting cases of lead poisoning. I do not think the general practitioner appreciates what a help that would be to the official in charge of the State Department. If we could back up our argument by showing the number of cases of lead poisoning occurring under these circumstances we have the best means of securing improved conditions. I should like to ask Dr. Rogers in regard to machinery hazard, what standard of air movement they require for furnaces?

Dr. Rogers:

We have not set any specific standard. We take each case on its merits. Our mechanical engineer is trying to look up standards, but finds it a difficult matter. We have in a way tried out the matter upon illuminating gas, but even that is difficult on different machines.

Mr. Bryant:

Mr. Roach mentioned the old type of hood. This was placed about the face of the man so that the exhaust of noxious fumes would be taken right past the man's face. In this way the very thing that the effort was made to avoid was brought about. We have made quite a number of experiments. One is to have a duct run down from the height of the man, and having a hole in the back of the hood so that the fumes are drawn away from the man, down and up, and thus avoiding his contact with them.

Dr. Rogers:

Upon that point we have set this as a rule—that the dust, fumes, gas or vapor must be removed *away* from the worker, and directly at the point of origin. There must be a standard of 1,000 ft. of air per minute.

Dr. Helen C. Putnam, Providence:

Do you test the standard of 1,000 ft. of air per minute with an anemometer?

Dr. Rogers:

We do.

Mr. Bryant:

The question of child labor has been pretty thoroly discust in all parts of the country. The Child Labor Committee has done splendid work and has prepared a uniform Child Labor Bill which is adopted with considerable modifications in some parts of the country. We adopted in our State a bill limiting the hours of labor for minors under 14 years to not more than eight hours a day and not more than 48 hours a week. We specify, in particular the occupational industries which would be harmful. We submitted the bill to Mr. Lovejoy after we had prepared it. He was much pleased with it and will probably make further use of it.

Dr. Edward Jackson, Denver:

Mr. Lovejoy sent with his paper a preamble and series of resolutions. (Dr. Jackson read the resolutions and they were referred to Council under the standing rule. They were subsequently reported back from Council and as adopted by the Academy are as follows:)

WHEREAS, many thousands of children under sixteen years of age are employed in the United States in gainful occupations under improper conditions, resulting in the impairment of their health and future well-being, as demonstrated in the recent investigation made by the Federal Government, which shows that 37 per cent of the deaths among cotton mill operatives in three New England cities and 41 per cent in three southern cities were due to tuberculosis in the three-year period 1905-1907; and

WHEREAS, nineteen states and the District of Columbia have already enacted laws limiting the hours of labor for children under sixteen years of age to eight per day and prohibiting such children from working at night or at dangerous occupations; now, therefore, be it

Resolved by the American Academy of Medicine that we commend those states which have adopted legislation to protect children under sixteen years of age from the disastrous consequences of unsuitable work and bad industrial conditions, and urge all other states to establish for the benefit of such children the eight-hour work day and the prohibition of labor at night, or in any hazardous employments, and to this end we recommend that the medical profession generally advocate the passage of such laws by the legislatures of their respectiv states.

Mr. Bryant:

One of the most serious features of the industrial problem for the working of women, in addition to the long hours, is the matter of providing seats for women when possible. This is sometimes a difficult thing to accomplish in certain types of industries. All know the anatomy of woman and that such long continued standing is very injurious. I think legislation should be directed along the line of providing seating for women. In our own State we are trying to secure this in factories. There are many things at which

women can work as well sitting down as standing. I understand that women working upon lead are affected in their child-bearing qualities. I have heard that in some of the industries in our State in which lead is encountered, of the women engaged in the work very few are capable of bearing normal children. Another thing which should receive the attention of the legislatures of this country is some restriction about the employment of women for a certain time before child-bearing and concerning their return to work afterward.

Dr. Rogers:

I would like to call attention to the fact that whereas we hear a great deal of the effects of wood alcohol, the use of this alcohol is not so great in industries as one would be led to suppose, nor are the results so dangerous as we are led to believe. There is, however, in use the amylic alcohol, the dangers from which are more grave than from wood. The effect is just the same as from the wood alcohol and it is used to a much further degree. I have seen girls working in the industries where it is used practically intoxicated. Attention of physicians should be brought to this matter.

Dr. John L. Heffron, Syracuse:

The superintendent of a large steel plant in our city told me that nearly all of the accidents that occur in that plant take place as the result of fatigue in the latter part of the afternoon, and that on Monday, after the "fatigue" of Saturday and Sunday, the accidents are particularly numerous.

Mr. Bryant:

The remarks of Dr. Heffron emphasize the matter of improper recreation on Saturdays and Sundays and has some bearing upon the question of improper lighting. In most industries a large number of accidents occurring toward evening, which may be occasioned somewhat by the natural fatigue and loss of vitality of the operative after working long hours often in badly ventilated work rooms, are in part due to improper lighting. Too much attention can not be placed upon the matter of properly lighted rooms and the direction of the light that the person at the machine may readily see the needle. Passing thru Newark recently, I saw in a factory the upper portion of the building used by the officials, good lighting, well shaded, while immediately underneath, men and women were working upon machines with unguarded lights and the light thrown into the eyes and not upon the work. I think this would not only have an injurious effect upon the eyesight but also cause headache and detract from the efficiency of the workmen.

In regard to Mr. Roach's paper, it is difficult to cover in a comprehensive manner the question of stagnant air. In the room which has no movement of air, even tho there be sufficient cubic air space, the air if perfectly dead is quite as injurious as that in a room where there is less air and there is some movement of it.

Mr. Jordan:

In certain industries in which steam and acid vapors are to be disposed of, means have been introduced for bringing the heated air in, not only along the walls, but down the posts, discharging it at 4 feet above the floor. The heated air coming down increases the temperature, carries off the steam and gives fresh air at the level of the workers' heads. In this manner the heated air duplicates the conditions of summer air. This is a better method for ventilation than by suction.

Dr. Putnam:

I should like to ask Mr. Jordan whether any record is kept, or examination made daily with regard to the temperature and humidity of the air.

Mr. Jordan:

We have done some work in keeping records of the temperature and humidity of the air. In general, our buildings, which are high and open, insure constant motion in the air. The humidity ranges from 60 per cent. to 70 per cent.

Dr. Rogers:

The State Department of Labor of New York has done some work on ventilation. From 1907 to the present date, each year has been published the Report of the Commissioner and in this will be found the results of air tests made in different types of factories; also descriptions of apparatus devised for making various tests. Those interested will find the data of such work in these reports.

THE XL ANNUAL MEETING.

NOTES.

The Sunday afternoon Conference will be held in the First Congregational Church, corner Post and Mason Streets.

The outline of the symposium—"Medicine in its Relationships to Commerce and Transportation"—appeared in the last number. Any member wishing to present a paper on any subject suggested by this outline should write at once to the Chairman of the committee, Dr. R. L. Wilbur, San Francisco. Attendance on the meeting, while desired, is not required in the presentation of a paper. In addition to contributions to the symposium, papers on any department of sociologic medicine are solicited.

The Committee on Transportation will have two or three tentative itineraries to present to the membership, having for its purpose the chartering of a Pullman car exclusively for the Academy party on the way out. It reports that the round trip rate from Chicago is \$62.50 with the usual transcontinental privileges of going one way and returning another. The return by one of the Northern routes upon the payment of additional fare. A Pullman accommodation for a lower berth, Chicago to San Francisco is \$13. This will give some intimation of the expense involved. These tentative itineraries probably will be presented to the membership by special circular, as they should be in your possession before the issuing of the April number.

In the meantime, it is very desirable that all who are contemplating the possibility of attending the meeting should advise the Chairman of the Committee, Dr. Thomas D. Davis, 261 Shady Ave., Pittsburgh, or the Secretary. Until one has tried it, the amount of work involved in arranging an excursion of this sort is not realized and this request, which includes no obligation whatever, is simply to lighten the burden of the Committee in its endeavor to increase the comfort of those who attend the meeting. Those who have participated in the Academy's excursions heretofore know full well the delights in its companionship.

FROM THE FIELD.

REPORT OF THE COMMITTEE ON JANITOR SERVICE.

The Committee on Janitor Service, whose recommendations last year were adopted by the department [of science instruction], was continued for the purpose of promoting the establishment of pupil-health officers. "To standardize janitor service, or school housekeeping," as stated in its report, "the first step is to get the facts. Every building, as every room in it, has its own conditions to be learned and controlled. This can be done with least expense and greatest effectiveness by enlisting pupils' co-operation. Expense is negligible. Effectiveness is along three lines: (1) practically constant supervision which good housekeepers find indispensable; (2) permanent records of sanitary details in place of guesses and opinions; (3) interest of future voters and homemakers in such details by practice in regulating them."

A gratifying amount of success has followed the year's efforts. This has been accomplished chiefly through two channels: co-operation of the press and the traveling exhibit of the American Academy of Medicine.

1. *The Press*.—Various educational periodicals have published the recommendations, some of them assisting in other ways, notably the *Journal of Education*, the *American School Board Journal*, and the *Educational News Bulletin*, issued by the State Superintendent of Wisconsin; also several public-health, medical, and special periodicals, as the *Journal of the American Public Health Association*, the *Bulletin of the American Academy of Medicine*, the *Journal of the Missouri State Medical Association*, the *Child-Welfare Magazine*, the *Springfield Republican*, and other newspapers, some of the latter running daily articles supplementing the traveling exhibit in cities where it was being used.

2. *The Traveling Exhibit*.—The American Academy of Medicine, through its Committee on School Hygiene, exhibited at the Fourth International Congress on School Hygiene at Buffalo. A cabinet 9½ feet high by 10½ feet wide was built, the five folding panels containing statements, statistics, and cartoons of

sanitary conditions reacting between school and society. From small cases on the middle panel folders are distributed entitled "Summary of Recommendations by the Committee on Janitor Service, Department of Science Instruction, National Education Association." (One hundred of these are enclosed for distribution at the session.)

This traveling exhibit had an excellent position in the exhibition of the International Congress in early September. Since then it has been shown in several normal and high schools, office of boards of education, teachers' institutes, lecture halls, show windows on public squares, etc. Twenty-five thousand copies of the summary have been distributed by this means. The rates for renting are planned to cover insurance, damages, wear and tear, expressage, and to include one thousand folders. The folders are also purchased by the thousand and by the hundred; but the exhibit cannot be loaned without the folders.

3. *Results.*—The results following announcement of these recommendations, that have come incidentally to the knowledge of the chairman, are encouraging. Pupil-health officers, sometimes called monitors, are now appointed in several large cities and in several small ones. They are, however, with a few exceptions, concerned chiefly with reading thermometers, not reporting on relative humidity, air currents ("ventilation"), cleanliness, etc. In some schools the work is not done as systematically as it is necessary for efficiency. Pupil officers in numerous open-window schools are doing good work in making known actual facts existing in these schools, thus showing what others might have with benefit to both scholarship, health, and future citizenship.

In addition to all this, both educational and popular literature are mentioning, with growing frequency, school housekeeping, janitor service, and related details, showing the increased focusing of attention on definite points that mean progress in health matters.

4. *In Conclusion.*—For reasons given in this and in former discussions, the committee strongly urges the department to continue to present to teachers of the sciences the importance

of systematically utilizing the opportunities of school premises in problems of practical sanitation. These offer exercises for laboratory work and methods in studies of dust and its removal; of micro-organisms in cups, towels, and other objects used in common; of air currents and systems or methods of ventilation; of humidity and temperature; of various instruments such as thermometers, hygrometers, anemometers, etc.; of disinfectants, soaps, plumbing, and other sanitary details that depend on the sciences of biology, physics, and chemistry. Such adaptation would strengthen and popularize the teaching of science to a degree it has not hitherto experienced.

There is in the schools no instruction with greater possibilities for service in solving present problems in school sanitation and child hygiene, and for improving homes and citizens in consequence, provided pupils are trained in systematically applying their principles to details of environment, with accurate record-keeping.

Respectfully submitted,

HELEN C. PUTNAM,

FRED H. COWAN,

GEORGE R. TWISS,

Committee.

—From *Advance Sheets of the Journal of National Education Association*, 1914.

* * *

The Bureau of the Census has recently issued a report on the insane in the United States based upon the data of the insane hospitals and asylums in 1910. It is prepared by Dr. Joseph A. Hill. It presents several features of interest. The first thing that surprises us is that the number of males in asylums for the insane has increased faster than the number of females. In 1880 there was nearly an equal representation of the two classes but in 1910 the males outnumbered the females by a ratio of 111 to 100. If the admissions to the hospitals during 1910 alone are considered, the ratio is still greater: 128 males to 100 females. In this connection it is interesting to note the following table, which

tabulates the number admitted, distinguishing the cases diagnosed as alcoholic psychosis or general paralysis.

	Males.	Females.
Having general paralysis.....	3,041	1,086
Having alcoholic psychosis.....	5,220	902
Having both diseases.....	147	54
All other cases.....	25,708	24,611
Total number admitted.....	34,116	26,653

If, from the total number of admissions, these cases are deducted, the disparity between the sexes practically disappears, there being but a slight excess of males but no greater than one would naturally expect when one considers that there are more males than females in the general population.

* * *

UNITED STATES PUBLIC HEALTH SERVICE.

Boards of commissioned medical officers will be convened to meet at the Bureau of Public Health Service, 3 "B" Street, S.E., Washington, D. C., and at the Marine Hospitals of Boston, Mass., New York, N. Y., Chicago, Ill., St. Louis, Mo., Louisville, Ky., New Orleans, La., and San Francisco, Cal., on Monday, March 8, 1915, at 10 o'clock A.M., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service, when applications for examination at these stations are received in the Bureau.

Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, and must furnish testimonials from two responsible persons as to their professional and moral character. Service in hospitals for the insane or experience in the detection of mental diseases will be considered and credit given in the examination. Candidates must have had one year's hospital experience or two years' professional work.

Candidates must be not less than 5 feet 4 inches, nor more than 6 feet 2 inches, in height.

The following is the usual order of the examinations: 1, Physical; 2, Oral; 3, Written; 4, Clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate and that they will serve wherever assigned to duty.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists of examination in the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and natural sciences.

The clinical examination is conducted at a hospital.

The examination usually covers a period of about ten days.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order. They will receive early appointments.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Assistant surgeons receive \$2,000, passed assistant surgeons \$2,400, surgeons \$3,000, senior surgeons \$3,500, and assistant surgeon-generals \$4,000 a year. When quarters are not provided, commutation at the rate of \$30, \$40, and \$50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 per cent. in addition to the regular salary for every five years up to 40 per cent. after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For invitation to appear before the Board of Examiners, address "Surgeon-General, Public Health Service, Washington, D. C."

NOTES AND NOTICES.

This is the first number under the new name and whether the *Journal* will occupy a larger field of usefulness than the *Bulletin* depends entirely upon the coöperation of its readers. New features are planned and will show themselves from time to time as the plans are consummated. These improvements ought not

to be limited by those things which have their initiative in the editorial office but should be the concern of every member of the Academy. Hence it is that each reader is urged to make suggestions looking to the betterment and the increasing usefulness of the *Journal* and above all to offer contributions to its pages. As shown in the leading article of this number, the field of sociologic medicine is so vast it is possible for the Academy only to view a small portion of the field at any one meeting and the necessity for contributions to the pages of the *Journal* other than those presented at the Academy meetings.

* * *

One of the new features is the editorial department headed "Counselling," to be found on another page. A popular novelist wrote once upon a time that every question has two sides and some half a dozen and in this department we wish to gather the statements concerning any question of sociologic medicine viewed from any one of the half dozen sides. Taine, in his *English Literature*, intimates that most men's writings lack depth of expression, that is, they possess length and breadth only, like the paintings in the Egyptian tombs. Some men's writings stand out in low relief, while a few men's minds, in their expression, resemble the higher relief of the sculptor and it is because of this character that their writings are noted as literature.

The questions involved in social medicine are of present-day importance and require immediate treatment without waiting for the master mind to formulate them. Consequently, if the questions are to be settled sanely we must have the many viewpoints of various observers. Hence the plea for making use of this new department.

* * *

Especial attention is called to the question of coöperative practice in this department, the discussion of which is opened in this number, a question of great intricacy and complexity, one that must be treated in the light of events and not by conclusions based upon traditions. The world does move. Times do change. And this question involves much determined by the moving

world and changing time that has not yet been adjusted. Let there be a free and full exchange of thought on the subject.

* * *

Following the custom of the last two or three years, the papers of the symposium of the last annual meeting are gathered together in a single volume, which is now in press. The material contained in these separate volumes is to be found in the *Journal* and if any of our readers desire the papers brought together for convenience of reading and of reference, they are invited to correspond regarding this volume, the price of which cannot be definitely settled at this writing.

* * *

The *California State Journal of Medicine*, in some suggestions to its contributors, says among other things:

Never roll a manuscript, send it flat or folded as many times as you like, but do not roll it. If you want to know why, just roll up some sheets of paper, leave them tightly rolled for a few days and then try to handle them!

Evidently the editor does not have his journal delivered by mail. In that event he, instead of suggesting the rolling of some sheets of paper, would have called his readers' attention to the difficulty of using his own journal.

* * *

There are hopes for a manifestation of sanity showing itself in the preparation of the curriculum for the course leading to the doctorate of medicine. This is evident by the Transactions of the 24th annual meeting of the Association of American Medical Colleges (1914). From the able and witty address of the President, Dean Lyon, on "The Principles of Curriculum Making," on thru the various papers to the end of the volume the fact of the present overcrowding of the curriculum is recognized and deplored. When an evil is thus recognized, means for correcting it will be devised.

* * *

The 11th Annual Conferences of the American Medical Association on Medical Legislation and Medical Education will be held

at the Congress Hotel, Chicago, on the 15th and 16th of February, 1915. Monday, February 15th, will be given to the Council on Public Health and Legislation. The principal topics of discussion are: Report of the Committee on Medical Expert Testimony, by Prof. E. R. Keedy. Discust by Judge Albert C. Barnes, Dr. Harold N. Moyer, Judge Harry Olson and Prof. John H. Wigmore, Chicago. Presentation and Discussion of Bill for the Prevention of Ophthalmia Neonatorum. Model Bill on State Public Health Organization, by Dr. Henry M. Bracken, St. Paul. Discust by Dr. S. J. Crumbine, Topeka, Kansas, Secretary State Board of Health; Prof. Charles Henderson, University of Chicago; Dr. J. N. Hurty, Indianapolis, Secretary State Board of Health; and Dr. George B. Young, Commissioner of Health of Chicago. State Regulation of Those who Treat the Sick, by Hon. G. H. Hodges, Governor of Kansas. Discust by Dr. A. D. Bevan, Chicago, Chairman Council on Medical Education; Dr. George H. Cook, Natick, Mass., President Conference of State Examining and Licensing Boards; and Mr. A. C. Umbreit, Milwaukee.

The session for Tuesday, February 16th, will be under the oversight of the Council on Medical Education, the principal subjects on the program being: Report of the Committee on the Reorganization of Clinical Teaching, by the Chairman, Dr. Victor C. Vaughan, President of the American Medical Association, Ann Arbor, Mich. Report of the Committee on Graduate Medical Instruction, by the Chairman, Dr. Horace D. Arnold, Dean of the Graduate School of Medicine of Harvard University, Boston. Discust by Dr. James F. McKernon, President of the Faculty of the New York Post-Graduate Medical School, New York City. Symposium on Higher Degrees in Medicine. (a) "The University and Higher Degrees in Medicine," by President George E. Vincent of the University of Minnesota, Minneapolis. Discust by President Harry Pratt Judson of the University of Chicago. (b) "A Graduate Course for Specialists in Public Health Work," by Dr. Milton J. Rosenau, Professor of Preventive Medicine and Hygiene, Harvard University Medical School, Boston. (c) "Preparation of Specialists in Ophthalmology and Oto-Laryngology," by Dr. Frank C. Todd, Professor of Dis-

eases of the Eye, Ear, Nose and Throat, University of Minnesota Medical School, Minneapolis. (d) "Higher Preparation in Surgery," by Dr. John M. T. Finney, Professor of Clinical Surgery, Johns Hopkins University Medical Department, Baltimore. A Scheme Facilitating More General Licensure, by Dr. W. L. Rodman, President-Elect of the American Medical Association, Philadelphia.

These Conferences will be followed on Wednesday, February 17th, by the joint session of the Federation of State Medical Boards of the United States and the Association of American Medical Colleges.

These Conferences have proved of great utility in the past and the preliminary announcements indicate a meeting of interest and value this year.

ACADEMY PERSONALS.

HEFFRON, JOHN L., has been appointed a member of the advisory medical council of state university (of New York) for a term of five years.

HEMENWAY, H. B., has published a book entitled: "Legal Principles of Public Health Administration," thru T. H. Flood & Co., of Chicago.

CRILE, G. W., has gone to Paris to join the American Ambulance Hospital.

JONES, PHILIP MILLS, was married to Helen Louise Spalding on December 13, 1914.

NECROLOGY LIST.

1914. Nov. 11. John Shrady.

COUNSELLING.

"In the multitude of counsellors there is safety."

[Because the questions pertaining to Social Medicine deal with groups rather than with individuals, they are many-sided. No individual out of his own experience can present the subject in its entirety. In order to secure a breadth of view and to learn the other side, this Department has been instituted. It is open to all to present the truth (or what is believed to be true) from any point of view, the only conditions being: The question presented must relate to sociologic medicine, must be expressed in courteous English, and must not be anonymous, altho the name of the author need not

be published if so desired. Of course, should the Department become popular, the limitations of space may require a selection.

While the Department wishes communications pertaining to any phase of social medicine, it will seek to give emphasis to some special topic from time to time.]

THE PHYSICIAN'S COMPENSATION IN CO-OPERATIVE PRACTICE

Co-operative practice is differentiated from private or individual practice only by the method of payment. In private practice, the patient or the head of the family pays the bill. In co-operative practice the accounts are settled thru a fund secured by the co-operation of the patients or of some member of their family. Possibly there should be included in the term co-operative practice those forms of practice where the accounts are paid thru a corporation or by legal enactment.

Co-operative practice is an outgrowth of economic necessity. The principles governing the compensation in private practice must be modified to meet this necessity. It is assumed that the physician should receive a fair compensation. The economic necessity is that the patient shall not be impoverished by the amount paid and at the same time be fair to the doctor. In arriving at any conclusions on the subject, it is necessary to determine what is a fair net income for a physician undertaking co-operative practice. Probably no one will object to the proposition that the net income thus to be secured should not be less than that paid the skilled operative and this amount must be determined before arriving at any result regarding the physician's income. Having determined the fair income for the skilled operative, there must be added to this amount enough to pay for office rent, appliances and other necessary expenditures to enable the physician properly to attend to his co-operative patients, which will fix the minimum gross income or the least amount to be paid for the physician's services on the co-operative plan.

Then it will be necessary to discuss the annual amount to be paid by the co-operative patient and from this an estimate can be made of the size of the clientele to be undertaken under any co-operative agreement.

This question is complex. It will be necessary to discuss and,

if possible, decide several other questions before a fair answer can be given. Among these are:

Should the maximum income be fixt, beyond which one cannot avail oneself of co-operativ practice, or should it be open to all?

Should the amount to be paid be proportionate to the income or should it be the same for all?

If the amounts are to vary, should there be classes of patients, so that a smaller number of those paying the larger sum can be under the care of a single physician?

Should the physician engaged in contract practice give his entire time to such practice?

If not, what provision should be made to secure proper attention to his co-operativ patients?

If the entire time is to be given, what is the maximum number of patients who can be cared for? Of course, this can be averaged only from a large and varied experience as the time given to a single patient varies with the condition.

Would it be preferable to the employment of a single physician for a corporation to pay any physician the patient prefers, according to the terms of the pre-arranged fee bill?

In the discussion of these questions, there will be some reference to the abuses growing out of service in hospital and free dispensary, which may require further elaboration.

Physicians will find obstacles in adapting this mode of practice, which is a form of social service, to the individualistic traditions of the profession. This will require a study of the ethics of the proper sort of contract practice.

While these do not exhaust the questions involved in the general discussion, enuf has been said to show the many-sidedness of the question and it is hoped that communications will be received treating not only of the mentioned questions but of all others related to it or growing out of it.

While the presentation of the subject in an orderly manner after a proscribed schedule would earlier produce more definit results, it is not attempted here because this is in the nature of an investigation in which facts are to be gathered and propositions formulated afterwards.

MEDICAL SUPERVISION OF STUDENTS.

By W. L. ESTES, Jr., A.B., M.D., South Bethlehem, Pa.

There is no college of note that does not recognize the importance of a medical examination of the matriculating students, of careful medical observation of the athletic teams, of proper regulation and training in physical development, of proper hygiene and inspection of the housing and environment of the students, of their care when ill, of insuring a pure water supply; all these it is customary for the college authorities to consider and provide for, but there is another phase of medical supervision upon which it seems opportune to lay emphasis.

The establishment of a university Commons may serve for social benefit and economic profit to the student body but, at the same time, may also act as a menace to their health and welfare in the opportunity afforded for the dissemination among them of water- or food-born diseases. That it is incumbent upon the university medical authorities to take cognizance of this fact, a recent experience will demonstrate.

The possibility of food infection exists:

- 1—At the source of supply farm, dairy, etc.
- 2—From the middleman grocer, milkman, etc.
- 3—From local contamination at the Commons—or place of consumption:
 - a. By infected water, etc., for cleaning utensils, or preparing food.
 - b. From sick or infected attendants.

In case of an outbreak or epidemic, contamination of food from or at the source of supply, or from the middleman, is readily suspected; nevertheless, the less likely, and comparatively rare, uncleanly or infected employee is a real factor with which we must reckon.

In a recent flash of typhoid fever at Lehigh University, all the men affected ate at the Commons. From the 300 exposures there resulted 53 cases, with 3 deaths. Careful search, inquiry, and examination failed to reveal any impurity in the water or milk, in the farm supply of food, in the ice cream, among the inter-

mediaries or middlemen. Finally, among the colored employees at the Commons, one was found upon whom suspicion rested. He gave a very definite history of an attack of fever, resembling typhoid fever, four years previously, and his blood yielded a positive Widal reaction. With his elimination from the Commons, the situation was completely controlled. We were indebted to Dr. R. G. Hunt, of the Pennsylvania State Health Commission, for the painstaking and searching investigation which established the source of infection.

This is, then, a clear cut case of a "Typhoid Carrier" epidemic, having its origin at a Commons. With the possibility of such an epidemic admitted, and an instance of its occurrence demonstrated, prophylactic precautions against such an outbreak are obviously necessary. These should include:

1. A careful history of all previous illnesses—especially fevers, *whether designated "Typhoid Fever" or not*—of every applicant for employment.
2. A Widal test of each applicant's blood.*

The examination of feces, not only entails an elaborate technique but offers so low a percentage of positive results, that it does not seem of practical importance in this connection.

All positive, or suspicious, evidence from these measures should prohibit the employment of the applicant affected. But it must be borne in mind that these special methods in case of a carrier must by no means overshadow other efforts and supervision designed to insure a typhoid-free water and food supply.

In view of the constant opportunity for wholesale infection that a college Commons offers, and the possible failure of the very best prophylactic measures, it would seem well to suggest the advisability of urging upon the student consumers of every Commons, or in fact upon the consumers of any large common supply, such as boarding-school students, etc., the wisdom of typhoid vaccination and the immunity it affords against any exposure to typhoid fever.

* Since this paper has gone to press an article by Dr. F. P. Gay has appeared: *Am. Jr. of Med. Sciences*, Feb., 1915. His "Typhoidin Test" might prove of value in detecting these "carriers."

LITERATURE NOTES.

SELECTED ADDRESSES ON SUBJECTS RELATING TO EDUCATION, BIOGRAPHY, TRAVEL, ETC. By JAMES TYSON, M.D., LL.D., Professor of Medicine, Emeritus, University of Pennsylvania. Cloth, 366 pp. Price, \$1.75 net. Philadelphia: P. Blakiston's Son & Co.

This book of Dr. Tyson's is dedicated "To the numerous physicians who from time to time have patiently sat under my instruction during a long period as a teacher of medicine" and will be a source of interest and pleasure to many of these, whose kindly affection for their former teacher increases as the years go by. It is made up of 18 articles, addresses of Dr. Tyson at various functions from 1884 to 1912 and show not only in the words themselves but in reading between the lines, that Dr. Tyson was a man of creative imagination, fitting him to be what he has proven to be, one of the leaders of medical thought. It is always desirable to have the contributions of the current thought of such men brought together in a single volume and we are glad that Dr. Tyson has yielded to the demand and has prepared us this volume.

THE DIAGNOSTICS AND TREATMENT OF TROPICAL DISEASES. By E. R. STITT, A.B., Ph.G., M.D. Medical Director, U. S. Navy; Graduate, London School of Tropical Medicine; Head of Department of Tropical Medicine, U. S. Naval Medical School; Professor of Tropical Medicine, Georgetown University; Professor of Tropical Medicine, George Washington University; Lecturer in Tropical Medicine, Jefferson Medical College; Formerly Associate Professor of Medical Zoölogy, University of the Philippines and Instructor in Bacteriology and Pathology, U. S. Naval Medical School. Cloth, pp. 421 with 86 illustrations. \$2.00, net. Philadelphia: P. Blakiston's Son & Co.

This admirable manual is intended by the author to be a companion volume to his "Practical Bacteriology, Blood Work and Parasitology," which is now in its third edition. These books are practical and concise presentations of facts from the laboratory and clinical view-point respectively. Each is complete in itself, but the present volume has brief paragraphs dealing with the laboratory diagnosis of the diseases under consideration, and in the sections on the blood, feces and urine the technic of the more practical laboratory methods is succinctly set forth. Diseases due to Protozoa, Bacteria, Filterable Viruses, Deficiency of

Foods, Helminthic Infections, Infectious Granulomata of the Tropics, Tropical Skin Diseases and Tropical Diseases of Disputed Nature or Minor Importance constitute the subject headings; but cases of any of these affections contracted within the borders of tropical countries may be and some of them are not infrequently transported to extra-tropical regions where certain of the infections, as malaria, blackwater fever, amebic and bacillary dysentery, pellagra and hookworm disease, occasionally prevail in more or less extended epidemics. The usefulness of such a book to teachers and practitioners in temperate as well as tropical climates is not less obvious than the necessity of a place for tropical diseases in the curriculum of the medical school in every part of the world. Professor Stitt's training in laboratory work in the U. S. Naval Medical School, his wide clinical experience in tropical diseases in the Navy and at Manila, and his success as a teacher have enabled him to meet the requirements which he has placed before himself in the making of this book in a highly satisfactory and successful manner.

J. C. WILSON.

MY ATTAINMENT OF THE POLE, BEING THE RECORD OF THE EXPEDITION THAT FIRST REACHED THE BOREAL CENTER 1907-1909, WITH THE FINAL SUMMARY OF THE POLAR CONTROVERSY. By DR. FREDERICK A. COOK. New York and London: Mitchell Kinnerly. 1913. Cloth, 610 pp.

This book gives the narrative of Dr. Cook's last expedition in the Arctic regions and while written in a florid style, almost fervid in some instances and somewhat given to hyperbole of expression, is both readable and plausible. The unhappy controversy that was the result of this expedition shows itself unpleasantly from time to time, which is not surprising because of the grave attacks made upon the accuracy of the author's statements and counter-charges are made which, as they have not been publicly refuted, are even more damaging to the accusers of Dr. Cook than the statements made regarding him. In these days of congressional investigations, it seems but fair that his request that such an investigation be made by an authority Congress and an authoritative interpretation be given to the narrative of both parties be granted.

PROCEEDINGS OF THE NATIONAL CONFERENCE OF CHARITIES AND CORRECTION. At the Forty-first Annual Session held in Memphis, Tennessee, May 8-15, 1914. Fort Wayne, Indiana. Fort Wayne Printing Company. 1914. Pp. 514.

The preface of this volume well says that its general title "tends to conceal a literature of most striking character and value." Further on it says:

One objective, always apparent in the discussions of this body, was unusually paramount at Memphis. From beginning to end, either by direct application or illustrative reference, the nature and importance of the community program was set forth. The poverty, vice, mental defect, and delinquency of a certain community is to be reduced: by what institutional means or what development of public opinion is this general improvement to be made? To the new member or casual reader this idea may serve as a link of unity among such seeming diversity of thought.

And in turning to the Table of Contents we see how this objective is realized, for the papers and discussions were distributed under various headings, as Corrections, the Family and the Community, Children, Social Hygiene, Defectives, Standards of Living and Labor, and others of similar import. The contents of the successive volumes of the proceedings of this organization must be kept in mind and consulted by every student upon any of the questions coming under its purview. This volume is furnished with a carefully prepared index, which facilitates such consulting.

Every student of ophthalmology should be in a position to consult *Ophthalmic Literature* and thus be kept in touch with the progress of the science by world-wide review of the literature. It is published monthly by Dr. Edward Jackson, Denver, at \$5.00 per year.

Assistant Surgeon-General John W. Trask, of the U. S. P. H. Service, has prepared a pamphlet on "Vital Statistics—a Discussion of What They Are and Their Uses in Public Health Administration" that is of positive value, for it concisely sets forth the uses of such statistics and their manner of collection and discussion, epitomizing what otherwise would necessitate considerable research and reading.

ACKNOWLEDGMENTS.

[It is intended to acknowledge all publications received since the issue of the last number that are not otherwise noticed. The present list records the publications received (other than periodicals in exchange) from November 20, 1914, to January 23, 1915, inclusiv.]

This acknowledgment is considered a full return for the courtesy of sending us the publication. Additional notice or review will be given when space permits. Publications treating of medico-social questions will be given precedence in the fuller notice.

United States Bureau of Labor: Bulletin No. 146, Wages and Regularity of Employment and Standardization of Piece Rates in the Dress and Waist Industry: New York City. Bulletin No. 153, Wages and Hours of Labor in the Lumber, Millwork, and Furniture Industries, 1907 to 1913. Bulletin No. 155, Compensation for Accidents to Employees of the United States. Bulletin No. 160, Hours, Earnings, and Conditions of Labor of Women in Indiana Mercantile Establishments and Garment Factories.

United States Bureau of the Census: Index of Joint Causes of Death.

United States Bureau of Mines: Technical Paper No. 94, Metal-Mine Accidents in the United States during 1913. United States Coals Available for Export Trade.

United States Geological Survey: Bulletin No. 541, Contributions to Economic Geology, 1912. Bulletin No. 586, Slate in the United States. Bulletin No. 592, Mineral Resources of Alaska. Report of Progress of Investigations in 1913.

American Association for Labor Legislation: Standards for Workmen's Compensation Laws.

Proceedings of the Forty-first Annual Session of the National Conference of Charities and Corrections, Memphis, Tenn., May 8-15, 1914.

Forty-fifth Annual Report of the Board of State Charities and Corrections of Rhode Island, 1913.

Edward F. Brown, New York City: Dental Clinics for School Children. The Health Supervision of School Children of New York City. The School Lunch Service in New York City.

Vital Statistics. A Discussion of what they are and their uses in Public Health Administration. John W. Trask, Assistant Surgeon-General, U. S. P. H. S.

The Press, the Public and the Medical Profession. By Stephen H. Blodgett, Boston.

Can Insurance Experience Be Applied to Lengthen Life? By Arthur Hunter.

Child Betterment and Social Welfare, January, 1915.

American Open Air School Journal, Vol. 1, 3, D., '14.

International Journal of Ethics, Vol. XXV, 2, Jan., 1915.

63d Congress, 2d Session, House of Representatives: Reports of the Department of Commerce, 1913. Annual Report of the Secretary of the Treas-

ury on the State of the Finances, 1913. Annual Reports of the Navy Department, 1913. Annual Reports of the War Department, 1913, Vols. I and IV.

Proceedings of the Eighth Annual Meeting of the Association of Life Insurance Presidents, 1914.

Malaria: Lessons on its Cause and Prevention. H. R. Carter, Senior Surgeon, U. S. P. H. S.

Treatment of Syphilis. By W. G. Stimpson, Assistant Surgeon-General, U. S. P. H. S.

INSTITUTIONS OF LEARNING.

California: University of California, Annual Report of the President, 1913-14; Register 1913-14. *Connecticut*: Trinity College, Cat. 1914-15; Wesleyan University, Bull. 8, 3, D. '14; Yale University, Report of the President, 1913-14. *Illinois*: University of Illinois, Bull. ii, 38, May 18, '14; Wheaton College, Bull. xiii, 3, O. '14. *Iowa*: Coe College, Courier, xv, 4, N.; 7, D., '14; Parsons College, Bull. xiv, 3, D. '14; 4, Ja. '15. *Kansas*: Ottawa University, Bull. xii, 2, O. '14. *Maine*: Bates College, Cat. 1914-15. *Massachusetts*: Amherst College, Cat. 1914-15; Massachusetts Institute of Technology, Cat. 1914; Smith College, Cat. 1914-15; Tufts College, Cat. 1914-15. *Missouri*: University of Missouri, Bull. 15, 31, N. '14. *New Hampshire*: Dartmouth College, Cat. 1914-15. *New York*: Hobart College, Bull. xii, 4, Jl. '14; Vassar College, Annual Cat. 1914-15; William Smith College, Cat. 1914-15. *Ohio*: Eclectic Medical College, Bull. v, 3, D. '14; Toledo University, Record Herald, i, 1, S. '14; University of Cincinnati, Cat. 1914-15. *Rhode Island*: Brown University, Student Life at Brown.

HOSPITAL REPORTS.

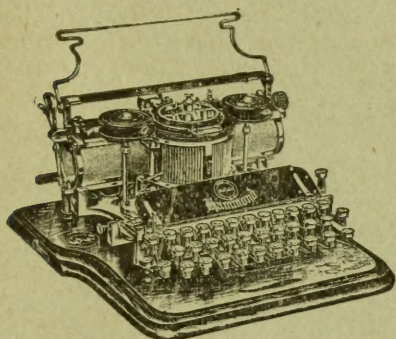
Announcement of the Branch of the American Hospital for Diseases of the Stomach, Philadelphia.

Twenty-ninth Annual Report of the Maine Eye and Ear Infirmary, Oct. 1, 1913, to Oct. 1, 1914.

REPRINTS.

Acknowledgment is made of the receipt of reprints upon topics of medicine other than medical sociology from Drs. Charles D. Aaron, Detroit (2); William Seaman Bainbridge, New York City (3); André Crotti, Columbus, O. (2); Alexander Duane, New York City (3); Erwin S. Smith, Washington, D. C.

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The Fortieth Annual Meeting will be held at San Francisco, June 25-28, 1915.

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